The Healthy Mental Development Framework

American Academy of Pediatrics

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Housekeeping

✓All participants will be muted during the presentation.

✓Please submit your questions to the chat feature. 

✓We will send a brief feedback survey after the presentation. 

Please note: This webinar will be recorded and sent to registrants and posted on AAP.org.

Presenters

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Disclosures

My husband owns stock in Pfizer. I have no other financial relationships or COIs to resolve.

- Joan Jeung

I have no financial relationships to disclose or COIs to resolve.

- Julie Gorzkowski Hamilton

Learning Objectives

At the end of this presentation, attendees will be able to:

- Articulate priorities and trends in pediatric mental and relational health
- Describe the concepts of Healthy Mental Development and Relational Health
- Understand AAP efforts to address Healthy Mental Development

Mental Health of Children & Adolescents: A Landscape

Joan Jeung, MD, MPH, FAAP

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Mental Health Developmental Continuum

Prenatal

Infancy & Toddler

Preschooler

School Age

Adolescence

Contributing factors:

Social Drivers of Health
Special Health Care Needs
Access to Quality Health Care
Medical Home
Stigma

Community Resources
Education/Child Care
Economic Resources
Relationships: Parents, Family, Peers
Cultural Perspectives

Systemic Racism
Childhood Experiences/Trauma
Anxiety, Depression
Suicidal Ideation
Substance Use

Spectrum of Pediatric Mental Health Concerns, Problems & Disorders

- **Presentation in pediatric practices (primary care and specialty)**
  - **19%** of children and adolescents in the U.S. have impaired MH functioning and do not meet criteria for a disorder[1]
  - **13%** of school-aged & **10%** of preschool children with normal functioning have parents with "concerns"[1]
  - About **20%** of children and adolescents experience a MH disorder each year[2]

- **The need for integration of mental health competencies in pediatric practice (*Pediatrics*, 2019)**
  - Suicide is a **leading cause of death** in 10-24 year-olds[1]
  - Living in a home with a gun raises risk of youth suicide **4x**[3]
  - Adults who had a childhood MH disorder – **6x** the odds of adverse adult outcomes (health, legal, financial, social)[1]
  - Adults who had impaired functioning in childhood – **3x** the odds of adverse adult outcomes[1]
  - **50%** of adults in U.S. with MH disorders had symptoms by the age of 14 years[4]

1. Foy JM, Green CM, Earls MF; Committee on Psychosocial Aspects of Child And Family Health, Mental Health Leadership Work Group. Mental Health Competencies for Pediatric Practice. *Pediatrics*. 2019;144(5):e20192757. doi:10.1542/peds.2019-2757
2. O'Connell ME, Boat T, Warner KE, eds. Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities. Washington (DC): National Academies Press (US); 2009.
3. Swanson SA, Eyllon M, Sheu YH, Miller M. Firearm access and adolescent suicide risk: toward a clearer understanding of effect size [2020 May 14]. *Inj Prev*. 2020;27(3):264-270. doi:10.1136/injuryprev-2019-043605
4. Bitsko RH, Claussen AH, Lichstein J, et al. Mental health surveillance among children — United States, 2013–2019. *MMWR Suppl*. 2022;71(Suppl-2):1–42. DOI: http://dx.doi.org/10.15585/mmwr.su7102a1

Impact of the Pandemic

- **Exacerbates pre-existing disparities**
  - morbidity and mortality
  - access to health care
  - quality education
  - affordable housing
  - digital access
- **Highlights the impact of structural racism**

- **Factors affecting children and adolescents**
  - disruption of childcare/school
  - social isolation
  - loss of peer interactions
  - loss and grief
  - parental/caregiver stress and well-being
- **1 in 4** with depressive symptoms[5]
- **1 in 5** with anxiety[5]

5. Racine N, McArthur BA, Cooke JE, Eirich R, Zhu J, Madigan S. Global prevalence of depressive and anxiety symptoms in children and adolescents during COVID-19: A meta-analysis. *JAMA Pediatr.* 2021 Nov 1;175(11):1142-1150. doi: 10.1001/jamapediatrics.2021.2482. PMID: 34369987; PMCID: PMC8353576

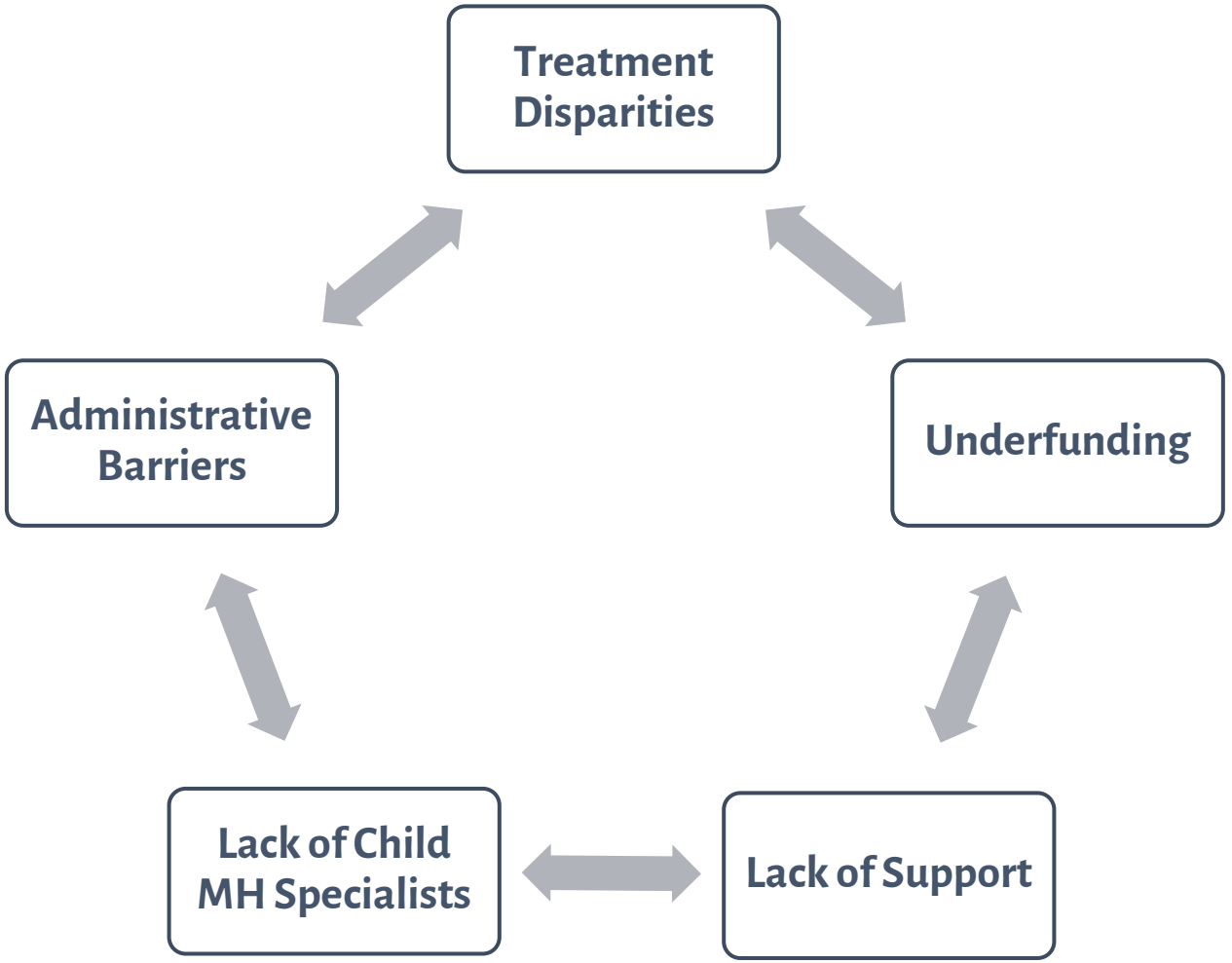
Impact of the Pandemic

- National Survey of Parents of Children ages 0-18 years[6]
  - **27%** - worsening mental health for themselves
  - **14%** - worsening behavioral health for their children
  - **24%** - loss of childcare
  - Increase in food insecurity; Loss of employer-sponsored insurance coverage for children

- Adolescent Behaviors and Experiences Survey[7]
  - **37%** - high school students experienced poor mental health during the pandemic
  - **44%** - felt persistently sad or hopeless
  - **20%** - had seriously considered suicide
  - **36%** - reported being treated badly/unfairly in school due to race or ethnicity
  - Significant disparities in mental health outcomes by gender and LGBTQ+ identity
  - Impacts on family economic status, food insecurity, and abuse in the home

6. Patrick SW, Henkhaus LE, Zickafoose JS, et al. Well-being of parents and children during the COVID-19 pandemic: A national survey. *Pediatrics*. 2020;146(4):e2020016824. doi:10.1542/peds.2020-016824
7. Jones SE, Ethier KA, Hertz M, et al. Mental Health, Suicidality, and Connectedness Among High School Students During the COVID-19 Pandemic — Adolescent Behaviors and Experiences Survey, United States, January–June 2021. *MMWR Suppl* 2022;71(Suppl-3):16–21. doi: http://dx.doi.org/10.15585/mmwr.su7103a3.

Service Gaps & Workforce Issues



Impact of the Pandemic

- Emergency Department visits for mental health emergencies[8]
  - **24%** increase for children ages 5-11 years
  - **31%** increase for adolescents ages 12-17 years

- **50%** increase in suspected suicide attempts (ED visits) amongst girls 12-17 years in early 2021 vs. 2019[9]

- **140,000 U.S. children** have experienced the death of primary or secondary caregiver; children of color disproportionately impacted[10]

8. Leeb RT, Bitsko RH, Radhakrishnan L, Martinez P, Njai R, Holland KM. Mental health–related emergency department visits among children aged <18 years during the COVID-19 pandemic — United States, January 1–October 17, 2020. *MMWR Morb Mortal Wkly Rep*. 2020;69:1675–1680.
9. Yard E, Radhakrishnan L, Ballesteros MF, et al. Emergency department visits for suspected suicide attempts among persons aged 12–25 years before and during the COVID-19 pandemic — United States, January 2019–May 2021. *MMWR Morb Mortal Wkly Rep*. 2021;70:888–894.
10. Hillis SD, Blenkinsop A, Villaveces A, et al. COVID-19-associated orphanhood and caregiver death in the United States. *Pediatrics*. Published online October 7, 2021:e2021053760. doi:10.1542/peds.2021-053760

October 19, 2021

AAP-AACAP-CHA Declaration of a National Emergency in Child and Adolescent Mental Health

Home / Advocacy / Child and Adolescent Healthy Mental Development / AAP-AACAP-CHA Declaration of a National Emergency in Child and Adolescent Mental Health

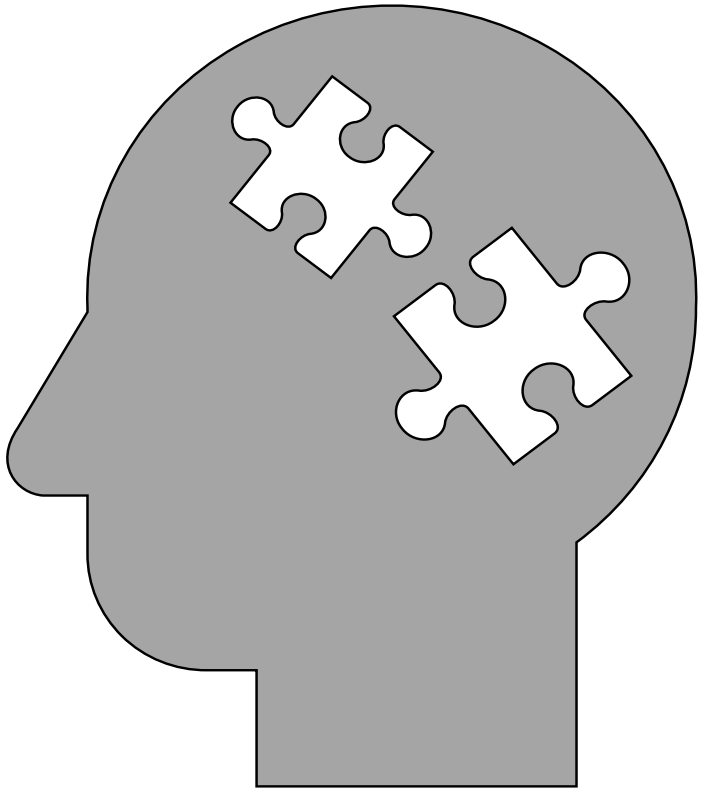
- "Soaring rates of mental health challenges…over the course of the COVID-19 pandemic, exacerbating the situation that existed prior to the pandemic."
- "Children and families have experienced enormous adversity and disruption."
- "The inequities that result from structural racism have contributed to disproportionate impacts on children from communities of color."

Source: https://www.aap.org/en/advocacy/child-and-adolescent-healthy-mental-development/aap-aacap-cha-declaration-of-a-national-emergency-in-child-and-adolescent-mental-health/

The "Big Picture"- Many Factors Influence Healthy Mental & Emotional Development

Biology/Genetics

Community



Childhood Experiences, Trauma, & Stress

Positive Strengths & Supports

Environment

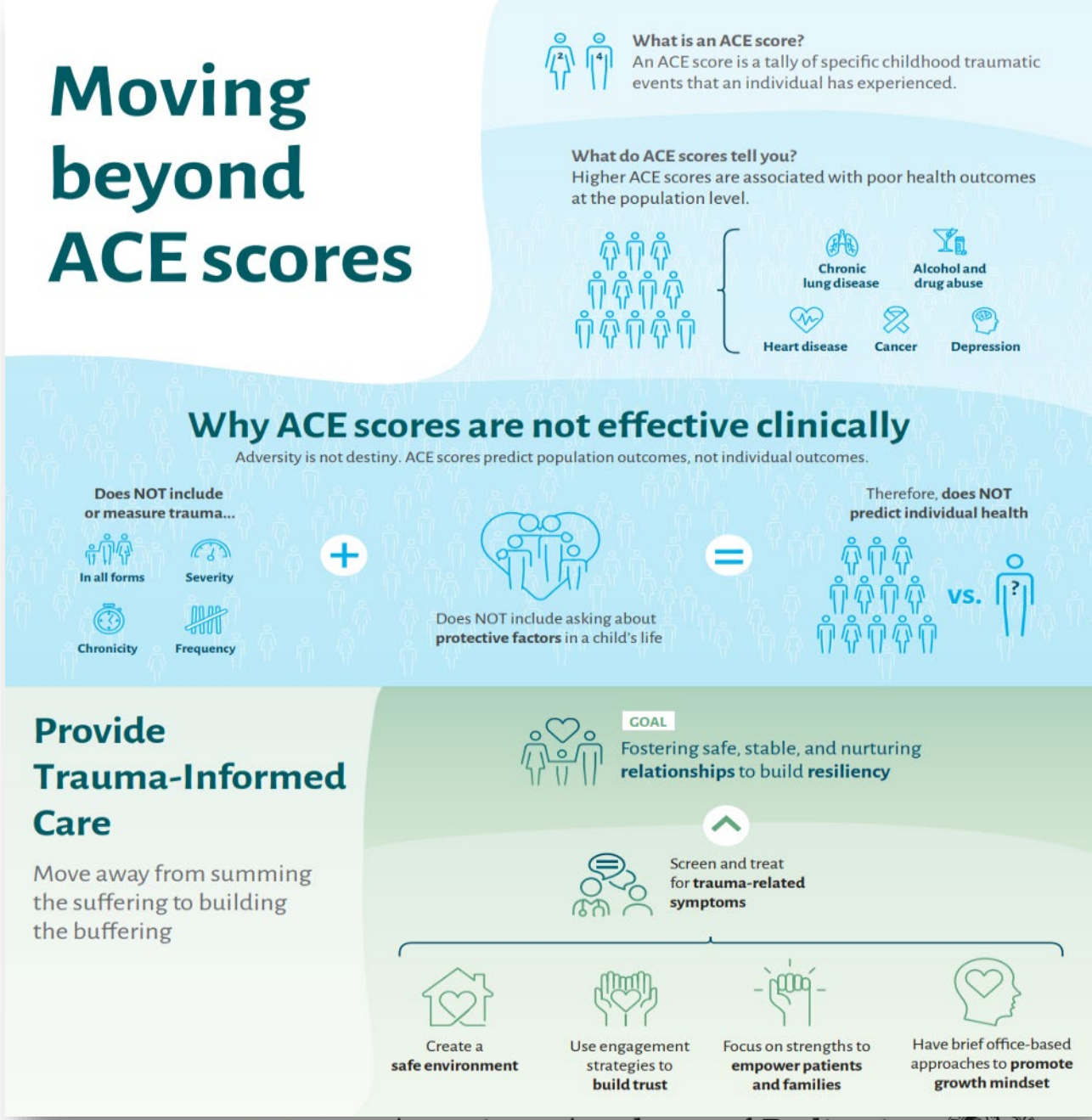
Social Relationships

Family


Adverse Childhood Experiences (ACEs)
Toxic Stress
Childhood Adversity
Social Disadvantages
Trauma

It's not about summing the suffering, but…

Building the Buffering!



Source: aap.org/en/patient-care/trauma-informed-care/

Relational Health

Mental health of children/adolescents and their caregivers are inherently linked

Family relationships promote resilience and positive mental outcomes for both maternal caregivers and children

Relationships should be:

- **Safe:** free of physical or psychological harm
- **Stable:** adult is dependably there for the child
- **Nurturing:** child's physical, emotional, and developmental needs are sensitively and consistently met

Safe, stable, nurturing relationships buffer child adversity when it occurs and promote future resilience

Positive Childhood Experiences (PCEs)

- **PCEs** score included 7 items asking respondents to report how often or how much as a child they:
  1. Felt able to talk to their family about feelings;
  2. Felt their family stood by them during difficult times;
  3. Enjoyed participating in community traditions;
  4. Felt a sense of belonging in high school (not including those who did not attend school or were home schooled);
  5. Felt supported by friends;
  6. Had at least 2 nonparent adults who took genuine interest in them; and
  7. Felt safe and protected by an adult in their home.[11]

11. Bethell C, Jones J, Gombojav N, Linkenbach J, Sege R. Positive Childhood Experiences and Adult Mental and Relational Health in a Statewide Sample: Associations Across Adverse Childhood Experiences Levels [published correction appears in JAMA Pediatr. Sep 30;:]. *JAMA Pediatr*. 2019;173(11):e193007. doi:10.1001/jamapediatrics.2019.3007

Positive Childhood Experiences (PCEs)

Positive Childhood Experiences and Adult Mental and Relational Health in a Statewide Sample: Associations Across Adverse Childhood Experiences Levels

Christina Bethell [1], Jennifer Jones [2], Narangerel Gombojav [1], Jeff Linkenbach [3], Robert Sege [4]

"Study results demonstrate that PCEs show a **dose-response association** with adult mental and relational health, analogous to the cumulative effects of multiple ACEs. Findings suggest that PCEs may have **lifelong consequences** for mental and relational health despite co-occurring adversities such as ACEs."[11]

"Assessing and proactively **promoting PCEs** may reduce adult mental and relational health problems, even in the concurrent presence of ACEs."[11]

Healthy Mental Development Framework

Julie Gorzkowski Hamilton, MSW, LSW

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Healthy Mental Development (HMD)

- HMD is a **strengths-based** framework.
- HMD promotes **social-emotional, behavioral and psychological wellness** across the lifespan.
- HMD uses a **relational health** and **trauma-informed care** lens.
- HMD is a key component of **infant, child, adolescent, and family** health.

Healthy Mental Development (HMD)

- HMD reframes the way that we think and talk about mental health.
- Mental health is not only a diagnosis or an illness to be treated but is a **developmental process that occurs across the lifespan** = Healthy Mental Development.
- HMD raises up and promotes the **importance of relationships in** healthy mental, emotional and behavioral development.

Key Concepts

Healthy Mental Development

- Promotion of emotional, psychological, and social wellness across the lifespan
- Determined by complex interactions between biology, relationships, and environment
- Mental health is not a series of diagnoses and symptoms: it's a developmental process

Relational Health

- Development and maintenance of safe, stable, nurturing relationships
- Important from infancy through young adulthood (and beyond!)
- Mental health of children and caregivers are inherently linked
- Family relationships promote resilience and positive mental outcomes for children and caregivers

Trauma-Informed Care

- Comprehensive care to assess, recognize, respond to the effects of trauma (not just counting ACES)
- Builds on relational health to mitigate effects and promote resilience
- Practical strategies to engage families, build resilience, address attachment, and assure safety
- Trauma-informed care is relational health care: trauma is not a diagnosis

Healthy Mental Development & AAP

American Academy of Pediatrics

The mission of the American Academy of Pediatrics is to **attain optimal physical, mental, and social health and well-being** for all infants, children, adolescents and young adults.

Fostering Healthy Mental Development in Youth and Families

Key Priorities to our Current Work:

1. Launch a rapid response effort focused on suicide prevention and other mental health emergencies currently impacting children and adolescents.

2. Build pediatric primary care capacity, supportive care systems, and cross-sectoral partnerships to better address healthy mental development, relational health, trauma, and the full spectrum of mental health needs in pediatric primary care, subspecialty care, and community settings.

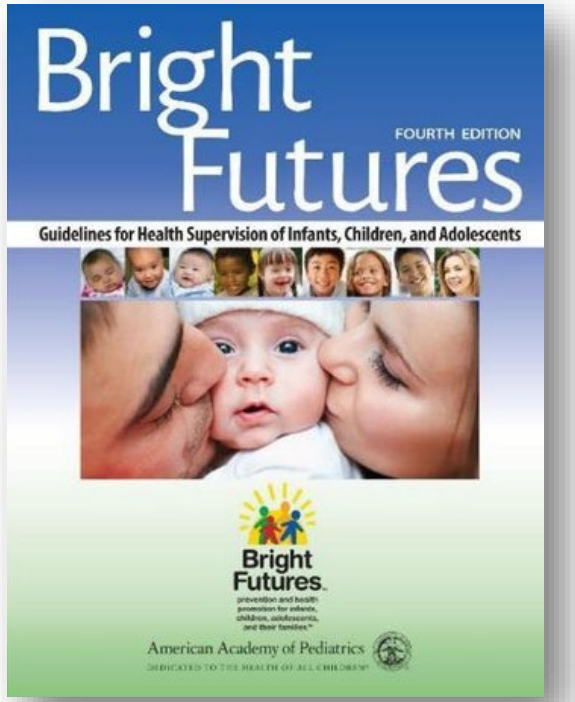
3. Lay the foundation for long-term practice, payment, and systems transformation to support the relational health and healthy mental development of children, adolescents, and families in pediatric care settings and communities.

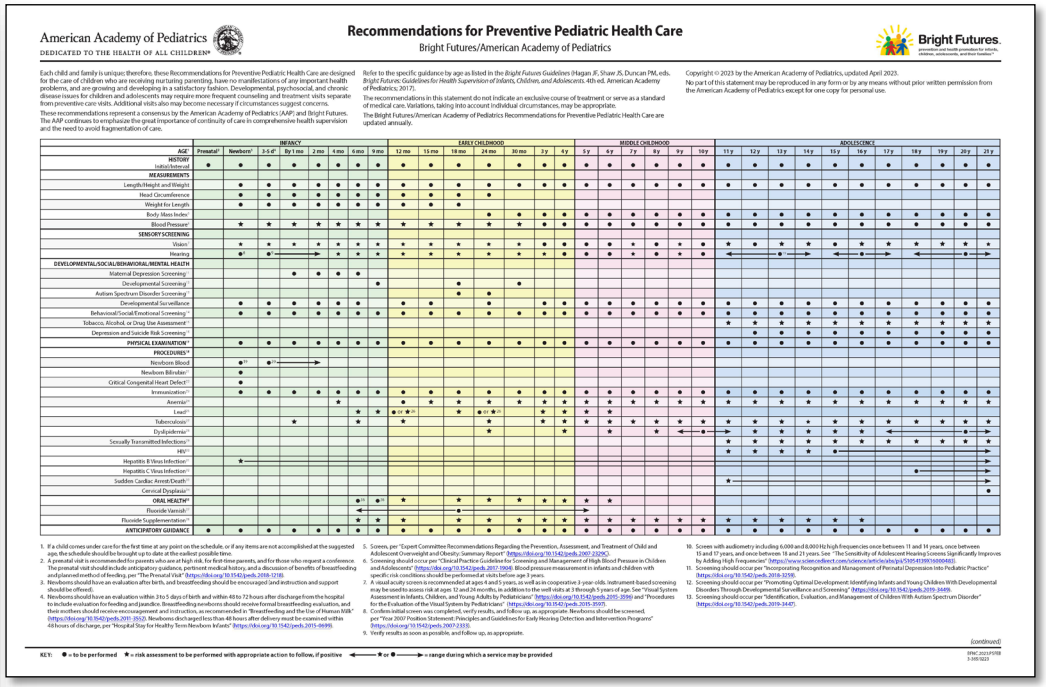
“Pediatric Primary Care Advantage”

Pediatric primary care professionals (PCPs) are ***uniquely positioned*** to play a central role in promoting healthy mental development:

- Develop a longitudinal therapeutic relationship
- View health from a developmental perspective
- Can identify immediate MH concerns, intervene early
- Promote supportive parenting behaviors
- Foster safe, stable, nurturing relationships
- Serve as a trusted source of information and support for families

AAP Recommendations for Pediatric Visits





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Recommendations for Preventive Pediatric Health Care

Bright Futures/American Academy of Pediatrics

Bright Futures

Each child and family is unique; therefore, these Recommendations for Preventive Pediatric Health Care are designed for the care of children who are receiving nurturing parenting, have no manifestations of any important health problems, and are growing and developing in a satisfactory fashion. Developmental, psychosocial, and chronic disease issues for children and adolescents may require more frequent counseling and treatment visits separate from preventive care visits. Additional visits also may become necessary if circumstances suggest concerns.

These recommendations represent a consensus by the American Academy of Pediatrics (AAP) and Bright Futures. The AAP continues to emphasize the great importance of continuity of care in comprehensive health supervision and the need to avoid fragmentation of care.

Refer to the specific guidance by age as listed in the *Bright Futures Guidelines* (Hagan JF, Shaw JS, Duncan PM, eds. *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*. 4th ed. American Academy of Pediatrics; 2017).

The recommendations in this statement do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

The Bright Futures/American Academy of Pediatrics Recommendations for Preventive Pediatric Health Care are updated annually.

AGE*	Prenatal[1]	Newborn[2]	3-5 d[3]	By 1 mo	2 mo	4 mo	6 mo	9 mo	12 mo	15 mo	18 mo	24 mo	30 mo	3 y	4 y	5 y	6 y	7 y	8 y	9 y	10 y	11 y	12 y	13 y	14 y	15 y	16 y	17 y	18 y	19 y	20 y	21 y
HISTORY (initial/interval)	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
MEASUREMENTS																															
Length/Height and Weight		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Head Circumference		●	●	●	●	●	●	●	●	●	●	●																			
Weight for Length		●	●	●	●	●	●	●	●	●	●																				
Body Mass Index[4]												●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Blood Pressure[5]		★	★	★	★	★	★	★	★	★	★	★	★	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
SENSORY SCREENING																															
Vision[6]		★	★	★	★	★	★	★	★	★	★	★	★	●	●	●	●	●	●	●	●	★	●	★	★	●	★	★	★	★	★
Hearing		●[7]	●[7]	⟷	⟷	★	★	★	★	★	★	★	★	★	●	●	●	★	●	★	●	⟷	●	⟷	⟷	●	⟷	●	⟷	●	⟷
DEVELOPMENTAL/SOCIAL/BEHAVIORAL/MENTAL HEALTH																															
Maternal Depression Screening[8]					●	●	●	●																							
Developmental Screening[9]								●			●		●																		
Autism Spectrum Disorder Screening[10]											●	●																			
Developmental Surveillance		●	●	●	●	●	●		●	●		●		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Behavioral/Social/Emotional Screening[11]		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Tobacco, Alcohol, or Drug Use Assessment[12]																						★	★	★	★	★	★	★	★	★	★
Depression and Suicide Risk Screening[13]																							●	●	●	●	●	●	●	●	●
PHYSICAL EXAMINATION*		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
PROCEDURES*																															
Newborn Blood		●[11]	●[11]	⟷																											
Newborn Bilirubin[12]		●																													
Critical Congenital Heart Defect[13]		●																													
Immunization[14]		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Anemia[15]						★			★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★
Lead[16]							★	★	●/★[17]	★	★	●/★[17]			★	★	★														
Tuberculosis[18]					★		★		★			★			★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★
Dyslipidemia[19]												★			★		★		★	⟷	●	⟷	★	★	★	★	★	⟷	●	⟷	●	⟷
Sexually Transmitted Infections[20]																						★	★	★	★	★	★	★	★	★	★
HIV[21]				★																		★	★	★	★	●	⟷	⟷	⟷	⟷	⟷
Hepatitis B Virus Infection[22]		★	⟷	⟷	⟷	⟷	⟷	⟷	⟷	⟷	⟷	⟷	⟷	⟷	⟷	⟷	⟷	⟷	⟷	⟷	⟷	⟷	⟷	⟷	⟷	⟷	⟷	⟷	⟷	⟷	⟷
Hepatitis C Virus Infection[23]																													●	⟷	⟷
Sudden Cardiac Arrest/Death[24]																						★	⟷	⟷	⟷	⟷	⟷	⟷	⟷	⟷	⟷
Cervical Dysplasia[25]																															●
ORAL HEALTH[26]							●[27]	●[27]	★		★	★	★	★	★	★	★														
Fluoride Varnish[27]							⟷	⟷	⟷		⟷	⟷	⟷	⟷	⟷	⟷	⟷														
Fluoride Supplementation[28]							★	★	★		★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★
ANTICIPATORY GUIDANCE	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●

1. If a child comes under care for the first time at any point on the schedule, or if any items are not accomplished at the suggested age, the schedule should be brought up to date at the earliest possible time.
2. A prenatal visit is recommended for parents who are at high risk, for first-time parents, and for those who request a conference. The prenatal visit should include anticipatory guidance, pertinent medical history, and a discussion of benefits of breastfeeding and planned method of feeding, per "The Prenatal Visit" (https://doi.org/10.1542/peds.2018-1218).
3. Newborns should have an evaluation after birth, and breastfeeding should be encouraged (and instruction and support should be offered).
4. Newborns should have an evaluation within 3 to 5 days of birth and within 48 to 72 hours after discharge from the hospital to include evaluation for feeding and jaundice. Breastfeeding newborns should receive formal breastfeeding evaluation, and their mothers should receive encouragement and instruction, as recommended in "Breastfeeding and the Use of Human Milk" (https://doi.org/10.1542/peds.2011-3552). Newborns discharged less than 48 hours after delivery must be examined within 48 hours of discharge, per "Hospital Stay for Healthy Term Newborn Infants" (https://doi.org/10.1542/peds.2015-0699).
5. Screen, per "Expert Committee Recommendations Regarding the Prevention, Assessment, and Treatment of Child and Adolescent Overweight and Obesity: Summary Report" (https://doi.org/10.1542/peds.2007-2329C).
6. Screening should occur per "Clinical Practice Guideline for Screening and Management of High Blood Pressure in Children and Adolescents" (https://doi.org/10.1542/peds.2017-1904). Blood pressure measurement in infants and children with specific risk conditions should be performed at visits before age 3 years.
7. A visual acuity screen is recommended at ages 4 and 5 years, as well as in cooperative 3-year-olds. Instrument-based screening may be used to assess risk at ages 12 and 24 months, in addition to the well-visits at 3 through 5 years of age. See "Visual System Assessment in Infants, Children, and Young Adults by Pediatricians" (https://doi.org/10.1542/peds.2019-3098) and "Procedures for the Evaluation of the Visual System by Pediatricians" (https://doi.org/10.1542/peds.2019-3507).
8. Confirm initial screen was completed, verify results, and follow up, as appropriate. Newborns should be screened, per "Year 2007 Position Statement: Principles and Guidelines for Early Hearing Detection and Intervention Programs" (https://doi.org/10.1542/peds.2007-2333).
9. Verify results as soon as possible, and follow up, as appropriate.
10. Screen with audiometry including 6,000 and 8,000 Hz high frequencies once between 11 and 14 years, once between 15 and 17 years, and once between 18 and 21 years. See "The Sensitivity of Adolescent Hearing Screens Significantly Improves by Adding High Frequencies" (https://www.sciencedirect.com/science/article/abs/pii/S0165038316000483).
11. Screening should occur per "Incorporating Recognition and Management of Perinatal Depression Into Pediatric Practice" (https://doi.org/10.1542/peds.2018-3258).
12. Screening should occur per "Promoting Optimal Development: Identifying Infants and Young Children With Developmental Disorders Through Developmental Surveillance and Screening" (https://doi.org/10.1542/peds.2019-3449).
13. Screening should occur per "Identification, Evaluation, and Management of Children With Autism Spectrum Disorder" (https://doi.org/10.1542/peds.2019-3447).

(continued)

KEY: ● = to be performed ★ = risk assessment to be performed with appropriate action to follow, if positive ⟷ or ● ⟶ = range during which a service may be provided

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POLICY STATEMENT Organizational Principles to Guide and Define the Child Health Care System and/or Improve the Health of all Children

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Mental Health Competencies for Pediatric Practice

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abstract

Pediatricians have unique opportunities and an increasing sense of responsibility to promote healthy social-emotional development of children and to prevent and address their mental health and substance use conditions. In this report, the American Academy of Pediatrics updates its 2009 policy statement, which proposed competencies for providing mental health care to children in primary care settings and recommended steps toward achieving them. This 2019 policy statement affirms the 2009 statement and expands competencies in response to science and policy that have emerged since: the impact of adverse childhood experiences and social determinants on mental health, trauma-informed practice, and team-based care. Importantly, it also recognizes ways in which the competencies are pertinent to pediatric subspecialty practice. Proposed mental health competencies include foundational communication skills, capacity to incorporate mental health content and tools into health promotion and primary and secondary preventive care, skills in the psychosocial assessment and care of children with mental health conditions, knowledge and skills of evidence-based psychosocial therapy and psychopharmacologic therapy, skills to function as a team member and comanager with mental health specialists, and commitment to embrace mental health practice as integral to pediatric care. Achievement of these competencies will necessarily be incremental, requiring partnership with fellow advocates, system changes, new payment mechanisms, practice enhancements, and decision support for pediatricians in their expanded scope of practice.

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Policy statements from the American Academy of Pediatrics benefit from expertise and resources of liaisons and internal (AAP) and external reviewers. However, policy statements from the American Academy of Pediatrics may not reflect the views of the liaisons or the organizations or government agencies that they represent.

Drs Foy, Green, and Earls contributed to the drafting and revising of this manuscript; and all authors approved the final manuscript as submitted.

Addressing Social Health and Early Childhood Wellness Initiative (ASHEW)

Home / Patient Care / Early Childhood / Early Relational Health / Addressing Social Health and Early Childhood Wellness Initiative (ASHEW)

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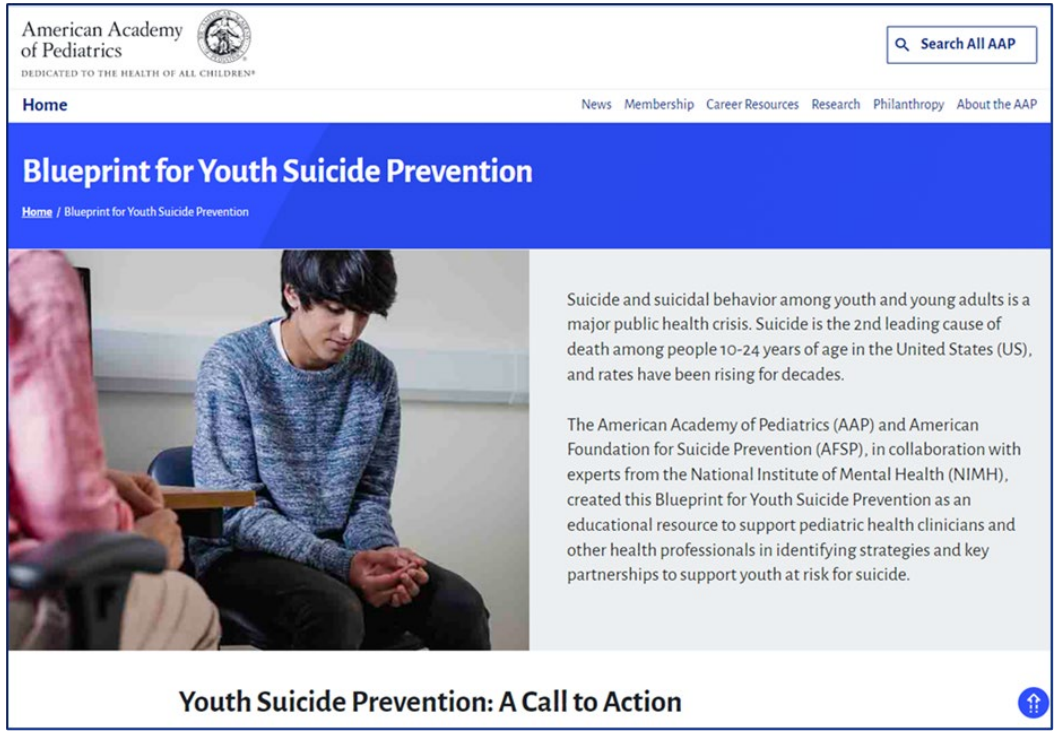
AAP Policy: Supporting Pediatric Primary Care Professionals in HMD

- Trauma-Informed Care
- Preventing Toxic Stress
- Early Relational Health
- Substance Use
- Impact of Racism on Child and Adolescent Health
- Mental Health Competencies for Pediatric Practice
- *And more…*

www.aap.org/mentalhealth

AAP Blueprint for Youth Suicide Prevention

- Educational resource
- Clinicians, public health professionals, educators, advocates
- Strategies to support youth via:
  - Clinical pathways
  - Community partnerships
  - Policy and advocacy
- Co-authored by AAP and American Foundation for Suicide Prevention, in collaboration with experts from NIMH
- Endorsed by 18 medical/public health organizations
- Implementation underway:
  - Learning communities
  - AAP Chapter Ambassadors



www.aap.org/suicideprevention

AAP National Centers related to HMD

CENTER OF EXCELLENCE
Social Media and Youth Mental Health

AAP Center of Excellence on Social Media and Youth Mental Wellbeing

- Disseminate evidence around the risks and benefits of social media use
- Build capacity to mitigate social media's impact on mental wellbeing, promote healthy use
- Advance new narrative that prioritizes and centers youth voices, looks at media use through a developmental lens, and highlights the importance of building healthy digital ecosystems for children and adolescents
- *Funded by SAMHSA*

Foundation for a National Center for Relational Health and Trauma-Informed Care

- Building foundation for a National Center
- Increase the capacity and competency of pediatricians to provide relational health and trauma-informed care to children and families
- Y1: Building out leadership structure, framework, metrics
- *Funded by CDC*

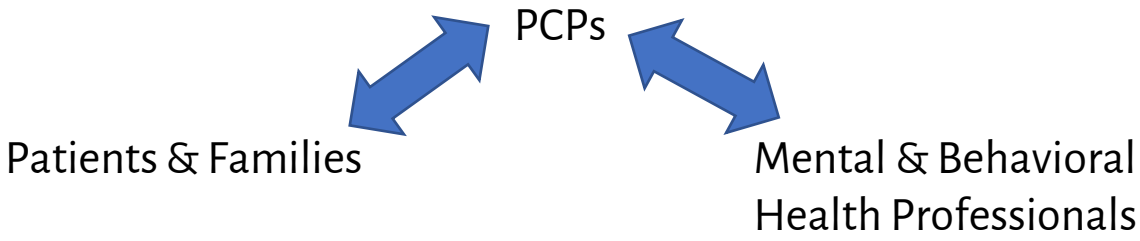
HRSA – AAP Cooperative Agreement: Providing Technical Assistance on Mental Health Care, Pediatric Mental Health Care Access Programs (PMHCAs)

- Formative research to assess mental health needs & competencies among primary care professionals (PCPs)
- Technical assistance and educational resources:
  - Promoting mental and relational health in practice
  - Identifying mental health symptoms, connecting families to care
- Supporting PCPs, AAP/AAFP/NAPNAP Chapters in utilizing PMHCA programs
- Building capacity to better address mental health symptoms and needs in primary care

This project is supported by the Health Resources and Services Administration (HRSA) of the US Department of Health and Human Services (HHS) as part of an award totaling $1,700,000 with no percentage financed with nongovernmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS or the US Government.

Pediatric Mental Health Care Access (PMHCA) Program

- Promotes behavioral health integration in pediatric primary care by supporting the development of mental health care telehealth access programs
- Provides training & education on the use of evidenced-based, culturally and linguistically appropriate telehealth protocols
- Serves as a resource for pediatric primary care professionals (PCPs) and other health care professionals serving children and adolescents



National Network of Child Psychiatry Access Programs

AAP PMHCA Programs Cooperative Agreement AAP, AAFP & NAPNAP Chapter Funding Awardees

AAP Chapter Awardees

1. Alabama AAP Chapter
2. Arizona AAP Chapter
3. Arkansas AAP Chapter
4. Colorado AAP Chapter*
5. Florida AAP Chapter
6. Hawaii AAP Chapter
7. Kentucky AAP Chapter
8. Louisiana AAP Chapter*
9. Maine AAP Chapter
10. Mississippi AAP Chapter
11. Missouri AAP Chapter
12. Montana AAP Chapter*
13. North Carolina Pediatric Society
14. Washington AAP Chapter

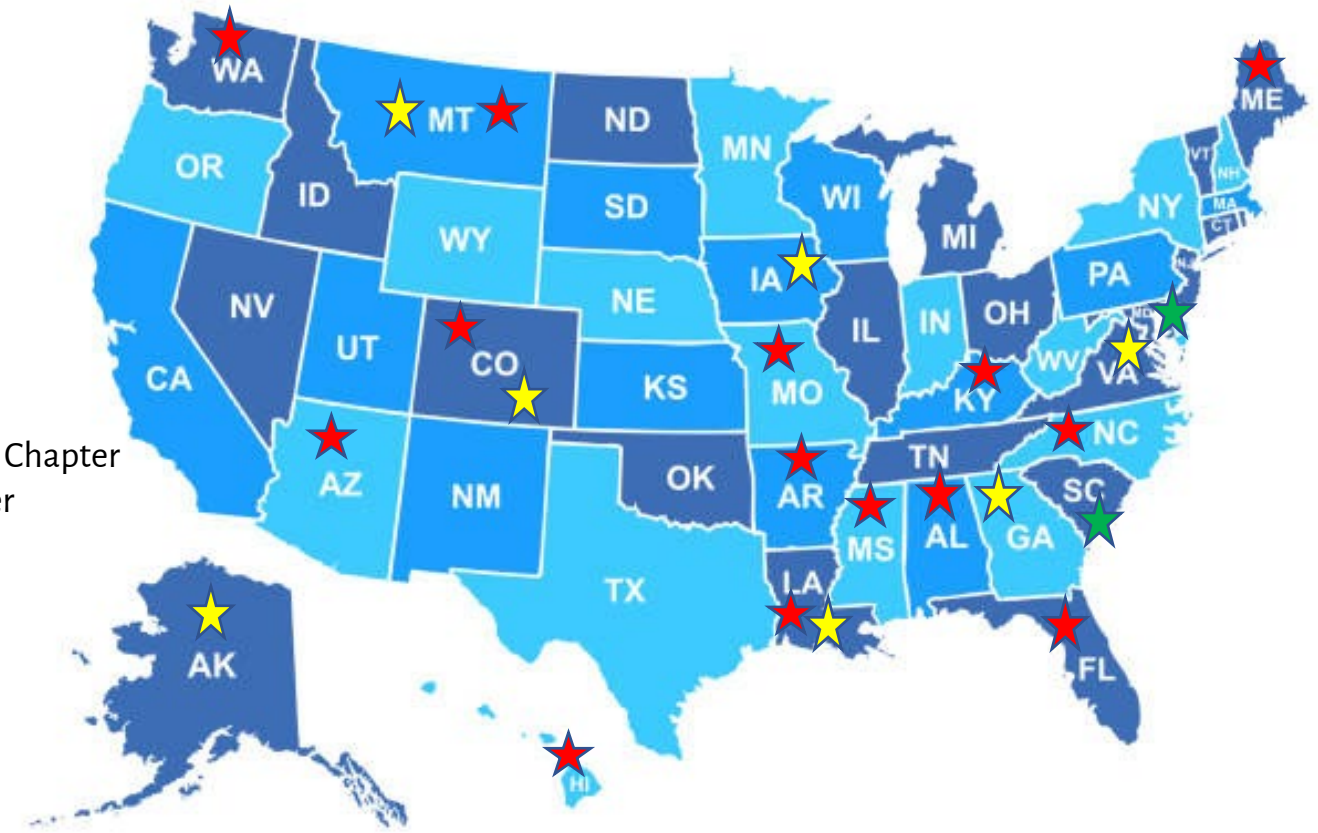
AAFP Chapter Awardees

1. Alaska AFP Chapter
2. Colorado AFP Chapter*
3. Georgia AFP Chapter
4. Iowa AFP Chapter
5. Louisiana AFP Chapter*
6. Montana AFP Chapter*
7. Virginia AFP Chapter

NAPNAP Chapter Awardees

1. Maryland Chesapeake NAPNAP Chapter
2. South Carolina NAPNAP Chapter

* States with AAP and AAFP awards



AAFP Chapters

AAP Chapters

NAPNAP Chapters

For more information, contact Kathy Janies, AAP Manager, Mental Health Initiatives kjanies@aap.org; 630-626-6875

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Upcoming Opportunities

- Topical webinars
- Online educational modules (eg, brief interventions; sustainability)
- Animated videos
- Topic-specific videos (eg, suicide prevention, adolescent confidentiality, AAP Mental Health algorithm)
- Best practices & Success stories
- Office hours
- Virtual learning cafes (for public health professionals)
- On-going technical assistance

Contact us with any questions or technical assistance needs: PMHCA@aap.org

Putting This Into Practice

A Few Clinical Pearls

"Connect then redirect"

"Be curious not furious"

"Name it to tame it"

"Catch them being good"

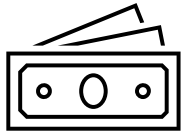
Undivided attention & attunement

Quotes from: Daniel J Siegel, MD

Special Time/Time In

Strength-based approach to behavior management

- Scheduled and sacred (non-contingent)
- Undivided parental attention, no interruptions
- 10-15 minutes/day
- Child chooses and leads activity



Money in the bank

Re-establishes motivation for positive behavior

Source: Seattle Children's Primary Care Principles for Child Mental Health, Disruptive Behavior and Aggression. 2018-19.

Books, Bubbles, and Breathing Buddies

Books

Bubbles

Breathing Buddies

Resiliency Clinic

- Interactive group-based intervention for parents/caregivers of young children (ages 0-5 year) with a history of significant adversity.
- Groups are designed to teach mindfulness and other resiliency-promoting skills + promote stronger parent/child relationships
  - Circle of Security-Parenting videos
  - Dovetail We are Resilient- mindfulness
- Most referred by primary care professionals following positive ACEs screen

Key Resources

- AAP Child and Adolescent Mental and Behavioral Health Principles
- AAP Early Relational Health
- AAP Mental Health Initiatives
- AAP Mental Health Practice Tools and Resources
- AAP Pediatric Mental Health Minute Series
- AAP Trauma-Informed Care
- AAP/AFSP Blueprint for Youth Suicide Prevention
- HRSA Pediatric Mental Health Care Access
- National Network of Child Psychiatry Access Programs

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Discussion and Q & A