Wisconsin Public Psychiatry Network Teleconference (WPPNT)

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WPPNT Reminders

How to join the Zoom webinar

- **Online:** https://dhswi.zoom.us/j/82980742956(link is external)
- **Phone:** 301-715-8592
  - Enter the Webinar ID: 829 8074 2956#.
  - Press # again to join. (There is no participant ID)

Reminders for participants

- Join online or by phone by 11 a.m. Central and wait for the host to start the webinar. Your camera and audio/microphone are disabled.
- Download or view the presentation materials. The evaluation survey opens at 11:59 a.m. the day of the presentation.
- Ask questions to the presenter(s) in the Zoom Q&A window. Each presenter will decide when to address questions. People who join by phone cannot ask questions.
- Use Zoom chat messages to communicate with the WPPNT coordinator or to share information related to the presentation.

- Participate live or view the recording to earn continuing education hours (CEHs). Complete the evaluation survey within two weeks of the live presentation and confirmation of your CEH will be returned by email.
- A link to the video recording of the presentation is posted within four business days of the presentation.
- Presentation materials, evaluations, and video recordings are on the WPPNT webpage: https://www.dhs.wisconsin.gov/wppnt/2021.htm.

Building Coping Skills During Times of Stress

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Wisconsin Child Psychiatry Consultation Program

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Conflict of Interest

There is no conflict of interest to report in this presentation.

Objectives

1

Stress and Mental Health

Understand the effects of stress on increasing rates of mental health concerns in youth

2

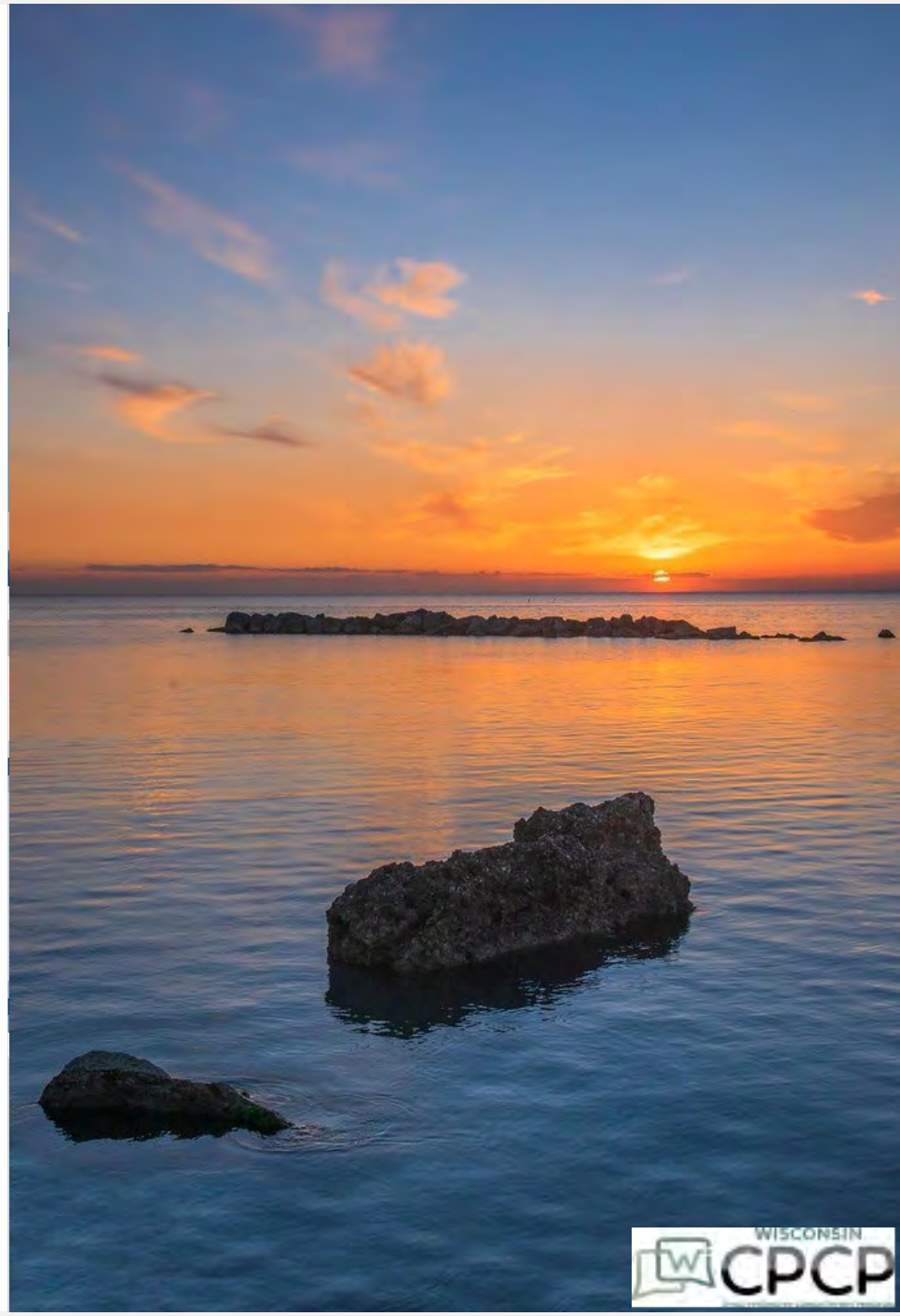
Interventions

Identify strategies to offer youth and families when pediatric mental health issues present in primary care

3

Resources

Develop awareness of resources available to support primary care providers who address mental health needs of youth



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The Problem

Mental Health

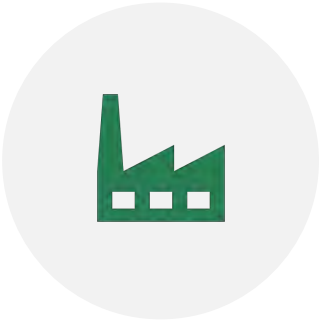
Rates of mental health concerns among youth have increased over the past decade

Impact of Stress

Stress and adverse childhood experiences are related to increased mood & behavioral symptoms

COVID-19

The pandemic has resulted in even greater rates of distress among youth



Shortage of Mental Health Providers

A majority of young people do not receive treatment despite the growing need

Need for Primary Care Interventions

PCPs are addressing more mental health issues and also need an infrastructure to support these efforts

Mental Health in Youth

17%

- 17% of children aged 2-8 have a *diagnosed* mental or behavioral health condition
- This group is particularly relevant for primary care-based mental and behavioral health screening and early intervention

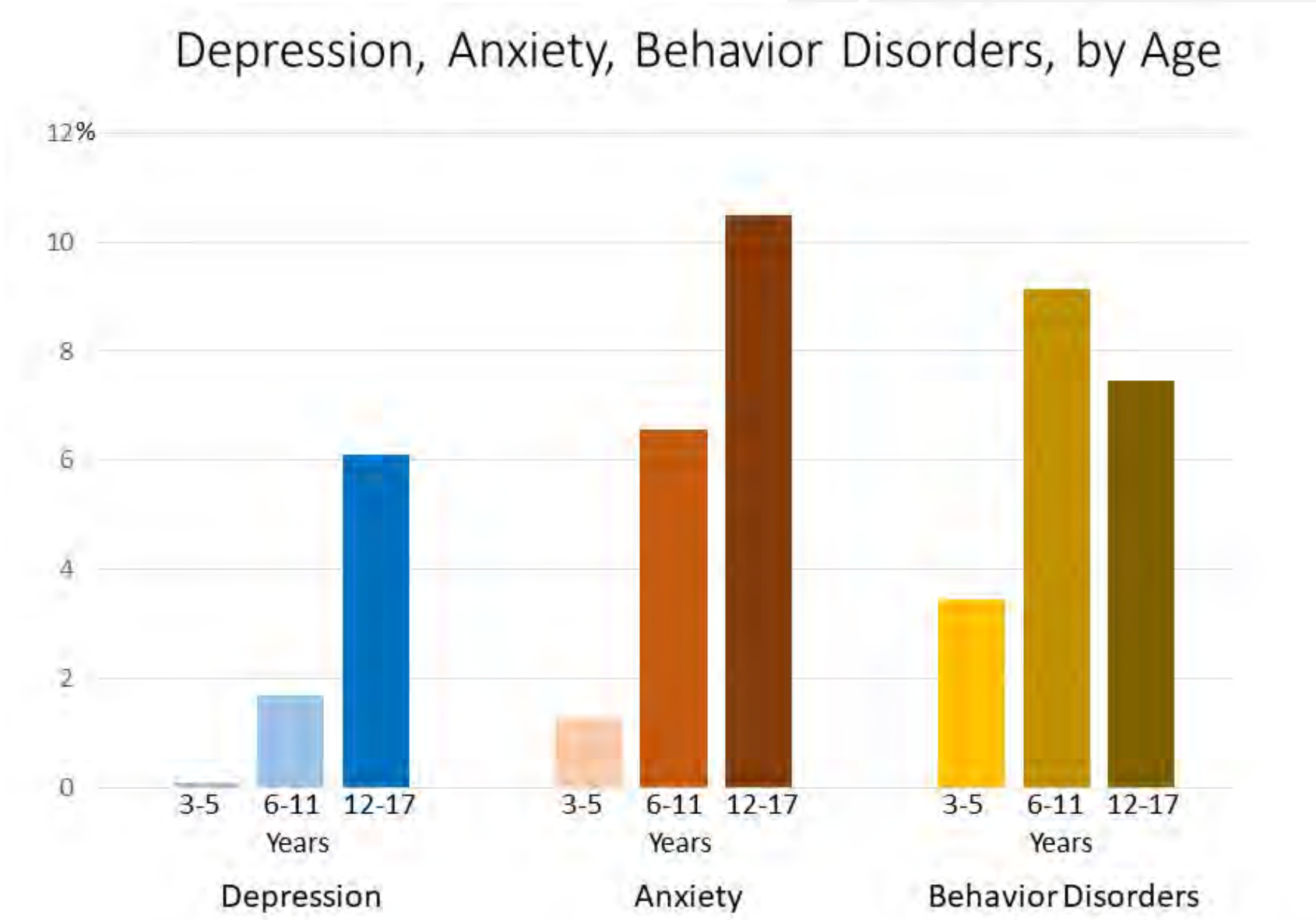
4.4 Million

- 4.4 million youth in the U.S. aged 3-17 are diagnosed with anxiety
- 1.9 million youth in the U.S aged 3-17 are diagnosed with depression

Centers for Disease Control Data

[Pre-Pandemic]

(Ghandour, et al., 2018)



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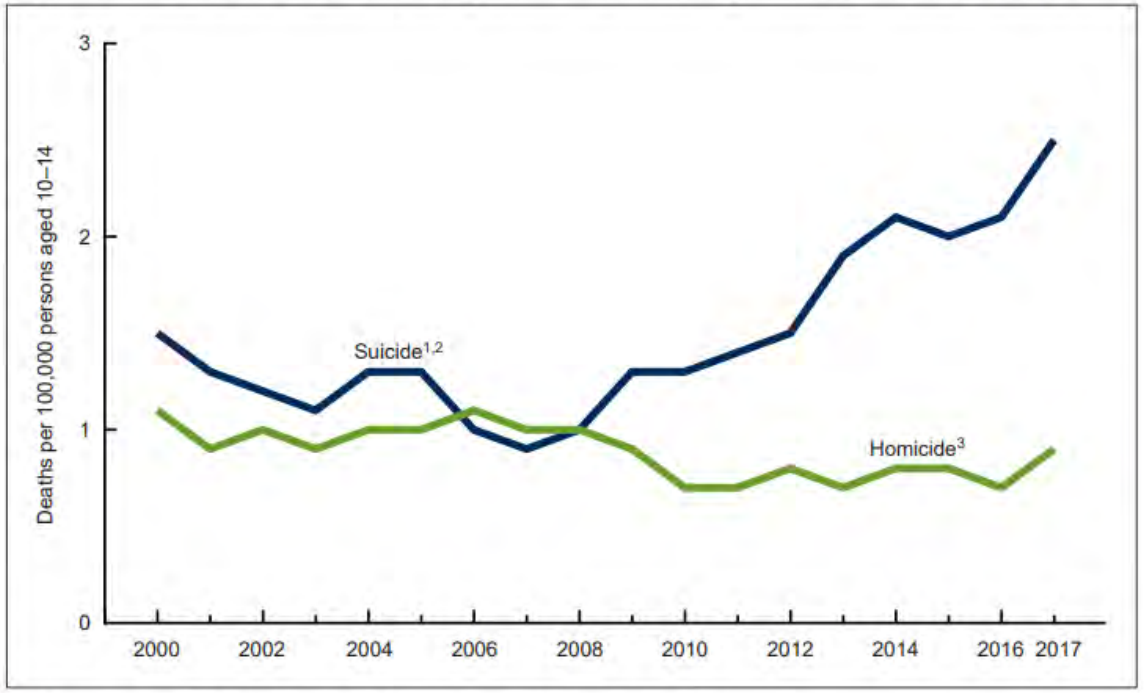
Suicide Rates In Youth (Curtin & Heron, 2019)

Ages 10-14

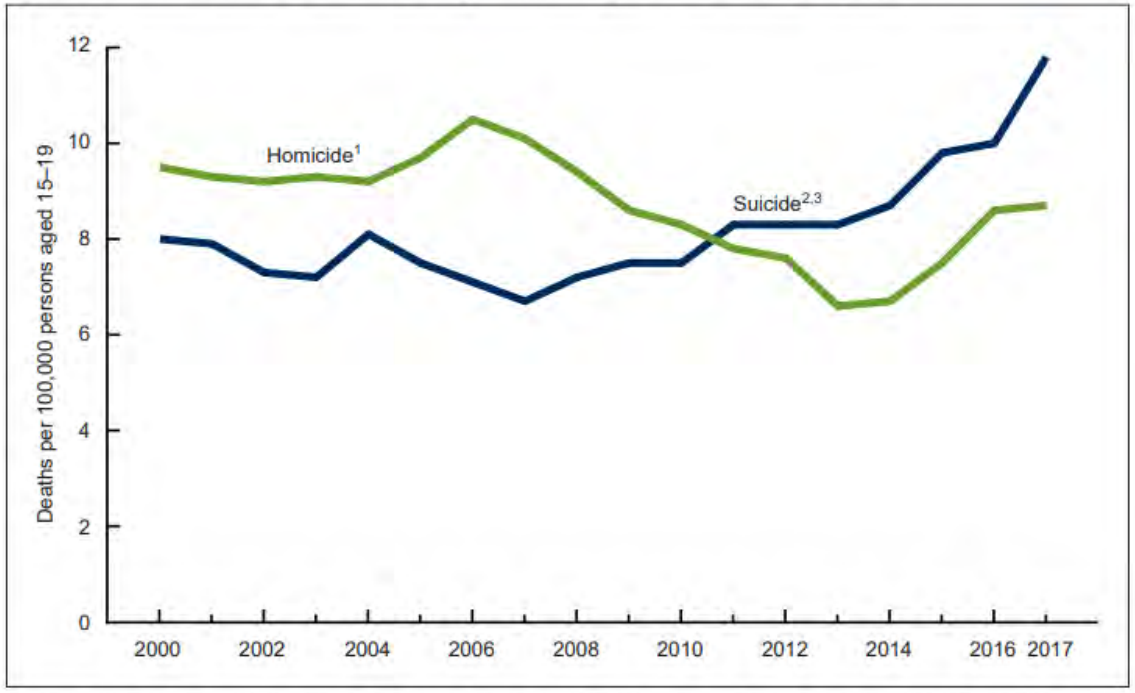
Figure 2. Suicide and homicide death rates among children and adolescents aged 10–14: United States, 2000–2017



[1]Significant decreasing trend from 2000 to 2007; significant increasing trend from 2007 to 2017, $p < 0.05$.
[2]Rate significantly higher than the rate for homicide from 2000 to 2005 and from 2009 to 2017, $p < 0.05$.
[3]Significant decreasing trend from 2000 to 2017, $p < 0.05$.
NOTES: Suicide deaths are identified with *International Classification of Diseases, 10th Revision* (ICD–10) codes U03, X60–X84, and Y87.0; and homicide deaths with ICD–10 codes U01–U02, X85–Y09, and Y87.1. Access data table for Figure 2 at: https://www.cdc.gov/nchs/data/databriefs/db352_tables-508.pdf#2.
SOURCE: NCHS, National Vital Statistics System, Mortality.

Ages 15-19

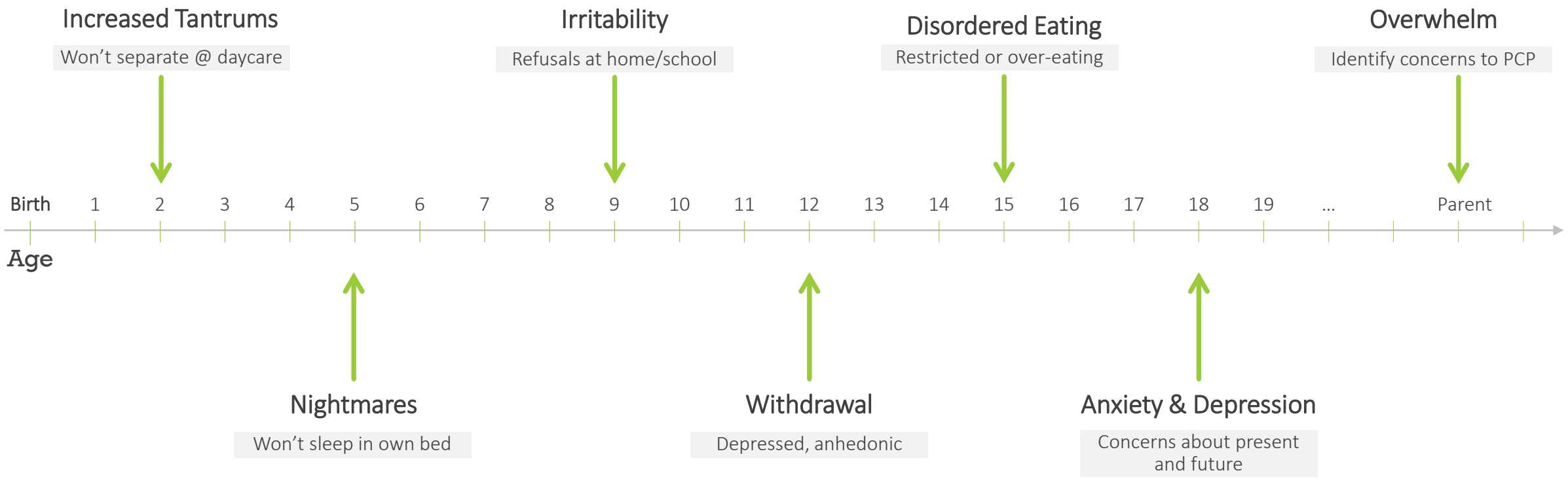
Figure 3. Suicide and homicide death rates among adolescents aged 15–19: United States, 2000–2017



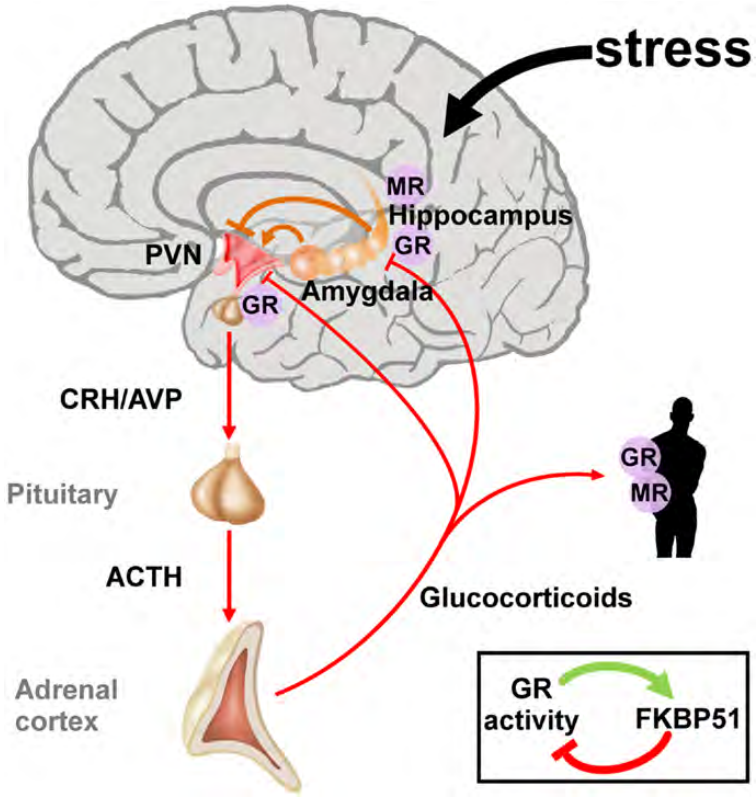
[1]Significant increasing trend from 2000 to 2007; significant decreasing trend from 2007 to 2014; significant increasing trend from 2014 to 2017, $p < 0.05$.
[2]Stable trend from 2000 to 2007; significant increasing trend from 2007 to 2017 with different rates of change over time, $p < 0.05$.
[3]Rate significantly lower than the rate for homicide from 2000 to 2010 and significantly higher from 2011 to 2017, $p < 0.05$.
NOTES: Suicide deaths are identified with *International Classification of Diseases, 10th Revision* (ICD–10) codes U03, X60–X84, and Y87.0; and homicide deaths with ICD–10 codes U01–U02, X85–Y09, and Y87.1. Access data table for Figure 3 at: https://www.cdc.gov/nchs/data/databriefs/db352_tables-508.pdf#3.
SOURCE: NCHS, National Vital Statistics System, Mortality.

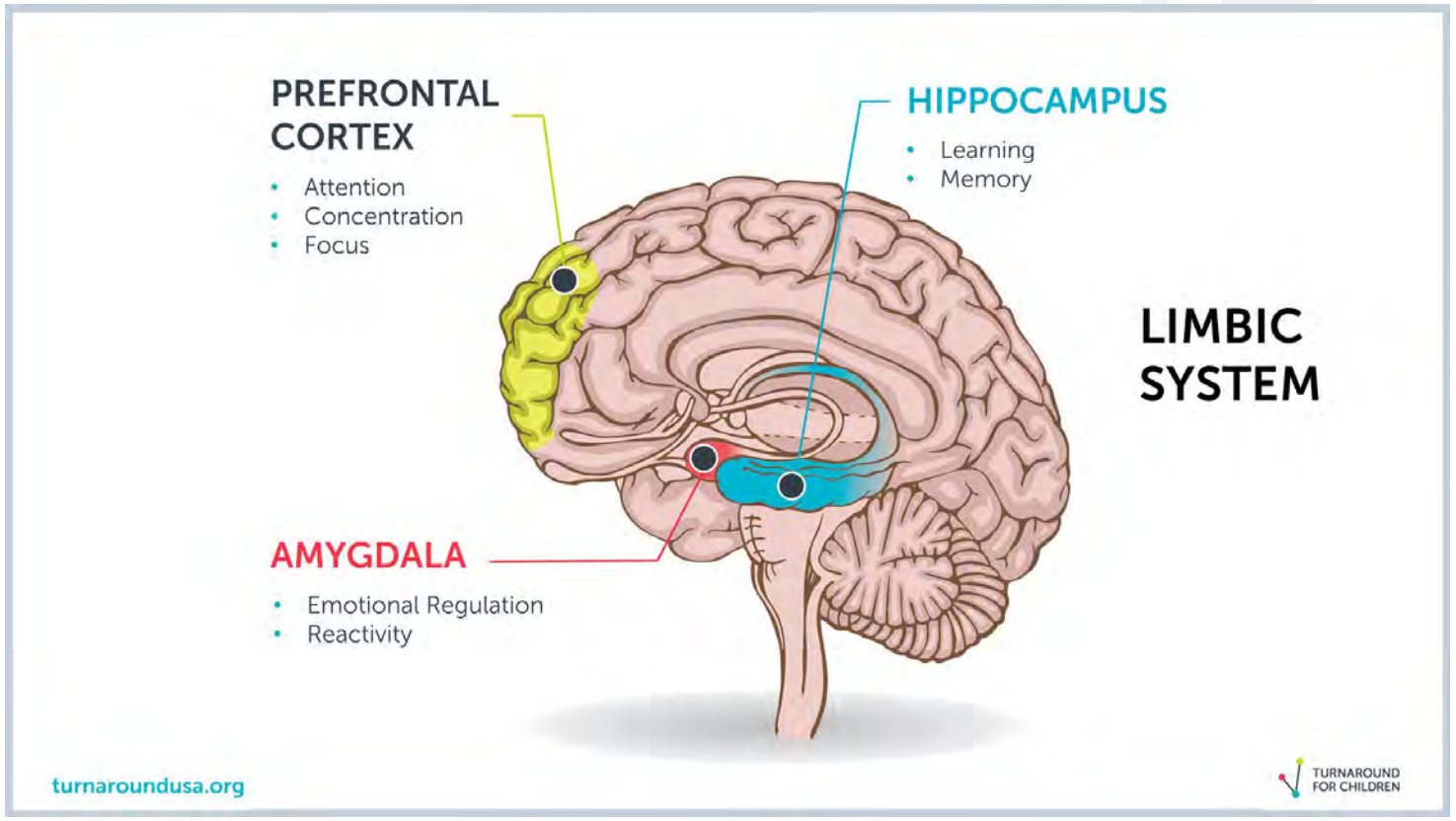
What We've Seen Clinically…

Issues which have increased during the pandemic



Stress and the Brain





Mental Health during the Pandemic

Social Anxiety

The COVID-19 pandemic contributed to increased symptoms of generalized and social anxiety in youth

School Stress

School-related problems were associated with increases in both depression and all three types of anxiety symptoms

Family Stress

Concern about being confined at home, family stress, and meeting basic needs were associated with increased depression, panic/somatic symptoms and generalized anxiety

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(Achterberg, et al., 2021; Hafsted, et al., 2021; Hawes, et al., 2021)

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General Stress and Mental Health

1) Children whose families had experienced a greater **number of stressful life events** in the past 12 months demonstrated higher ratings of pain-related distress, including

- Irritability
- Anger
- Appearing upset
- Remarking on the unfairness of their pain

2)Greater family stress was associated with **greater depression and passive coping**, including

- Catastrophizing
- Disengaging from activities

3) This was all associated with **expressed pain-related distress**.

(Reed-Knight, et al., 2018)

A Framework for Resilience

Positive Social Interactions

Physiological Regulation

Positive Self-Talk

"Psychosocial competences such as creativity, emotion regulation, or interpersonal skills may constitute important characteristics to help parents and children alike coping and even thriving in the current worldwide adversity of the COVID-19 pandemic."

(Dalton, Rapa & Stein, 2020)

Specific Coping Skills

Children with lower levels of pandemic-related distress were more likely to:

- Highlight the advantages of being at home
- Accept what was happening
- Act as if nothing was happening
- Not seem worried about what was happening

(Orgilés, et al., 2021)

Active vs. Passive Coping Approach

- "Acting as if nothing is happening" does not mean denying stress

- It does mean that youth and families find a path through by:
  - -relying on what is familiar
  - -maintain goal-orientation
  - -focus on capabilities

Strategy for Engaging Youth and Families

Specific steps for promoting healthy coping during times of stress

NORMALIZE

- Link the identified issue or stressor to a normative experience.
- This decreases stigma and allows for open and honest communication without judgment.

IDENTIFY GOALS

- When kids and families articulate their own goals, they are more likely to try recommended strategies.
- This may require motivational interviewing, and identifying realistic expectations.

DISCUSS OPTIONS AND BENEFITS

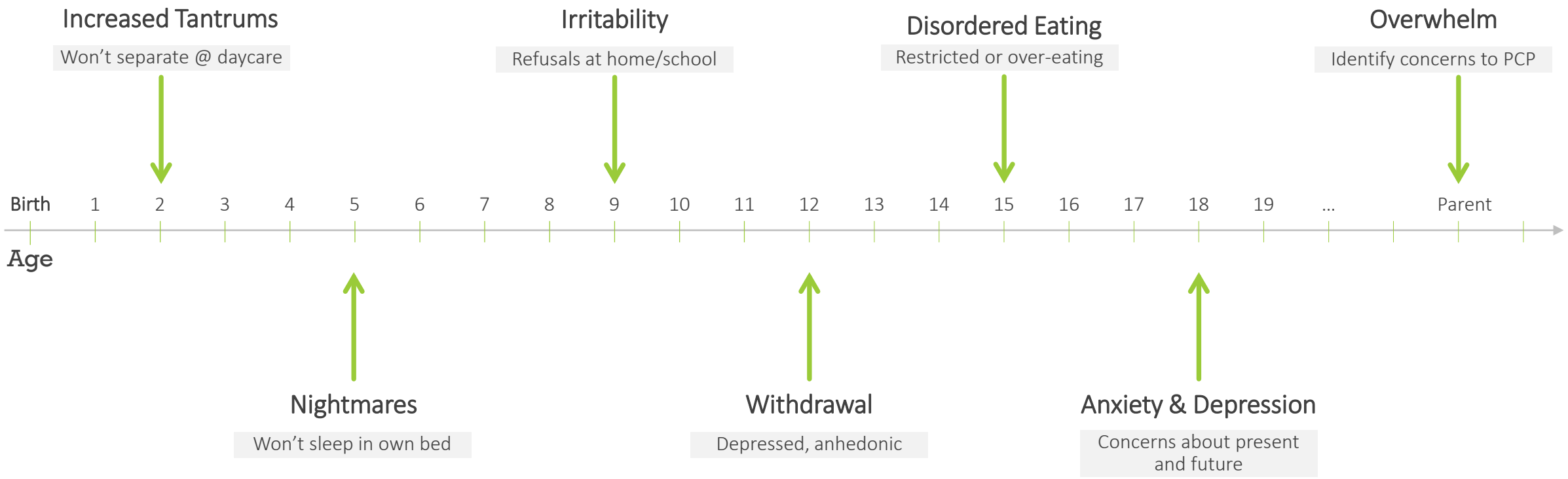
- Providing an overview of behavioral, relaxation, and thought-shifting strategies can give youth and families a sense of control.
- This “self-efficacy” is rewarding in and of itself, in addition to the positive outcomes.

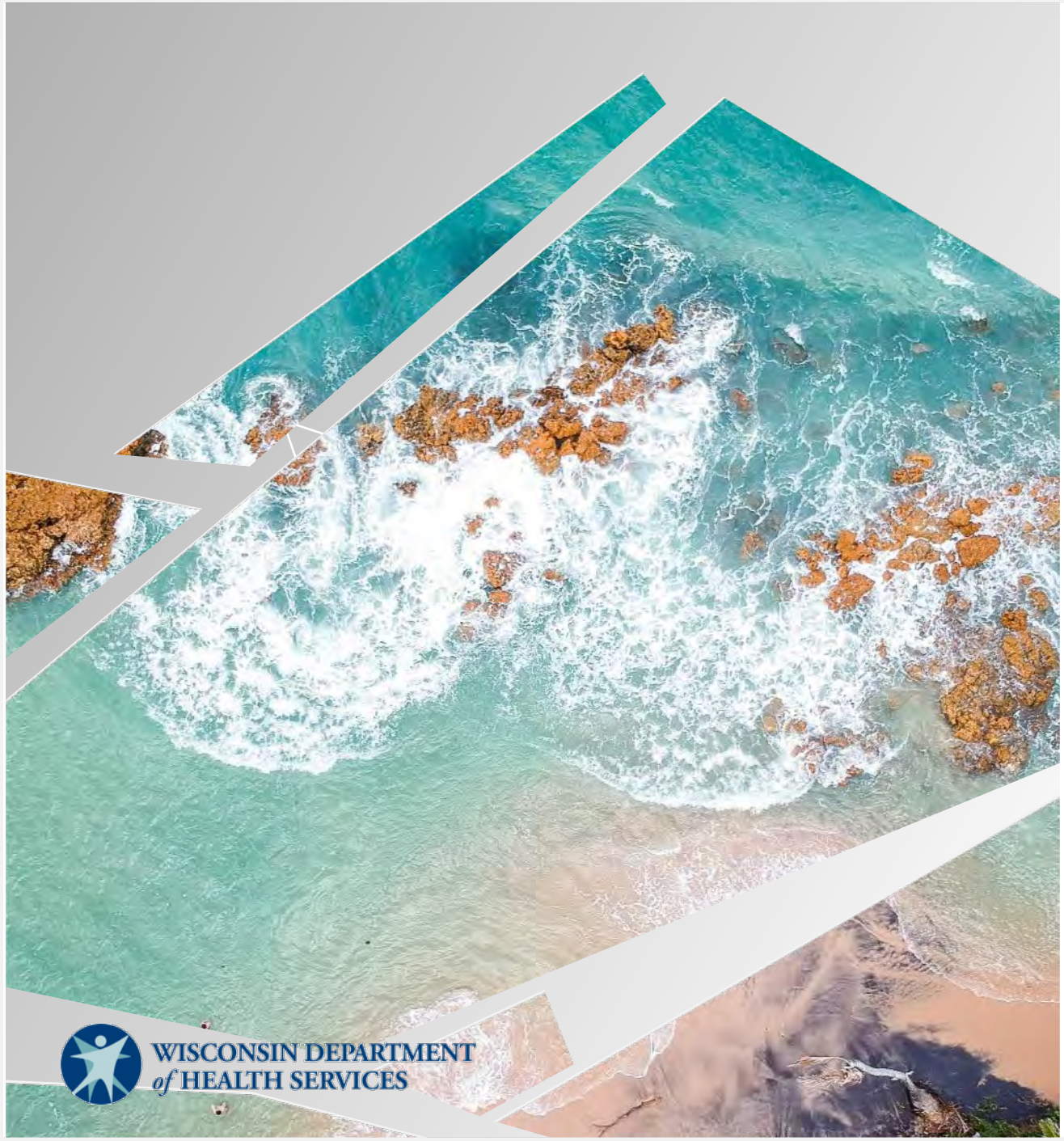
"Adults need to be authentic about some of the uncertainty and psychological challenges of the pandemic, without overwhelming children with their own fears. This honesty not only offers a coherent explanation for what children are observing, but also grants permission for children to safely talk about their own feelings. Normalising their emotional reactions and reassuring children about how the family will look after each other helps to contain anxiety and provides a shared focus."

(Dalton, Rapa & Stein, 2020)

Let's Return to Our Clinical Examples…

Specific strategies for addressing presenting concerns





The Challenges

1

Access to MBH Providers

There is a shortage of providers to address mental health in youth

2

PCPs = Primary MBH

Related to screening, “light duty” interventions, and linkage

3

What Supports are Available for PCPs?

An infrastructure for assisting PCPs is needed

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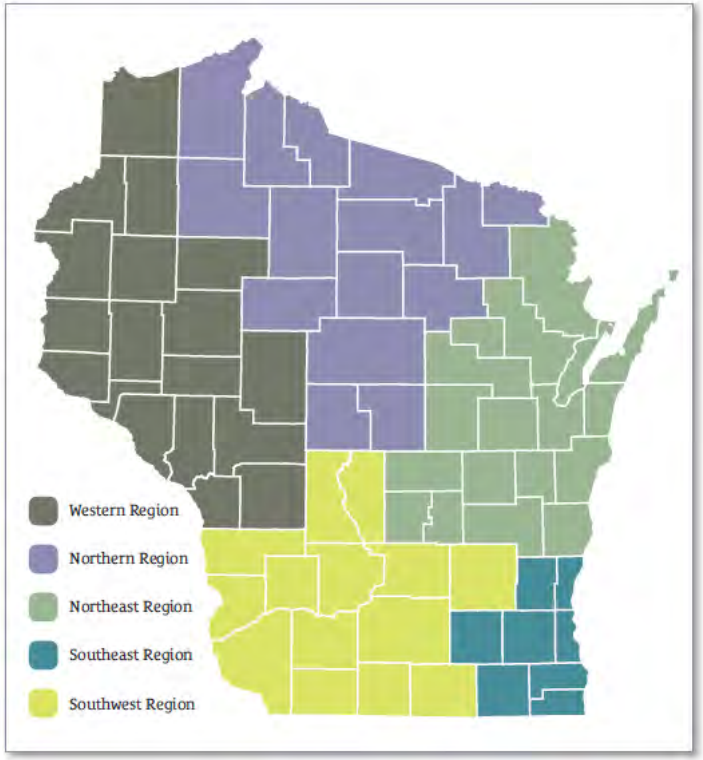
Wisconsin CPCP

Increase PCPs' capacity to support behavioral health needs of Wisconsin children and families:

- Provide mental health education to primary care providers.
- Provide consultative support to primary care providers regarding diagnosis and management options for children and adolescents with mild-to-moderate mental health issues.
- Provide referral support for pediatric patients to other mental health professionals and community resources.

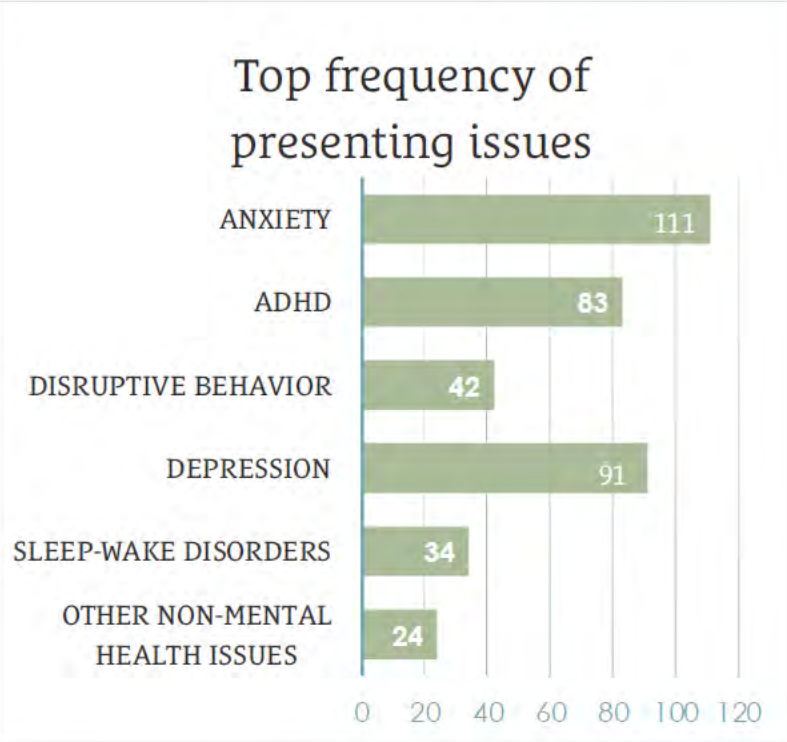


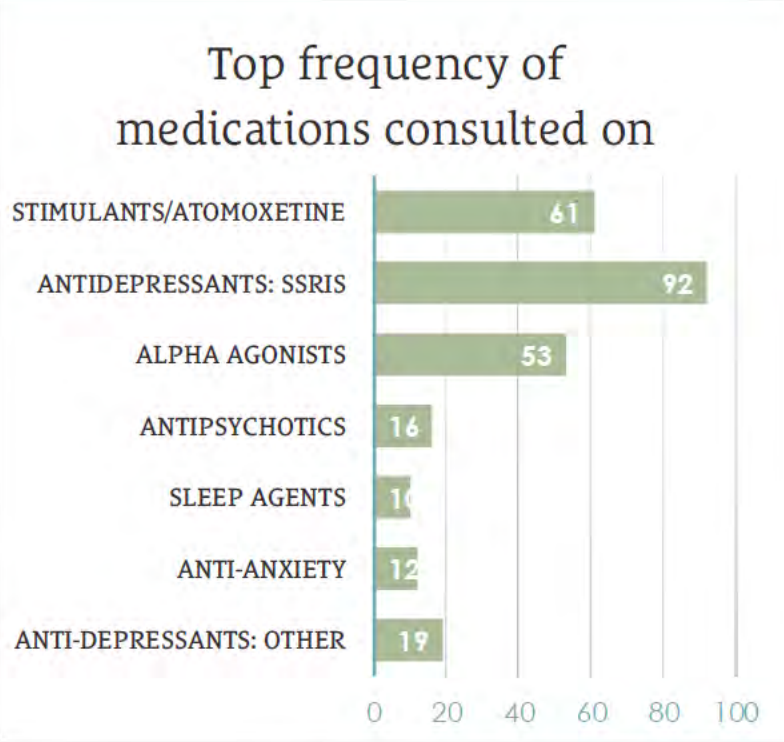
How does the CPCP work?

- The CPCP team is available Monday – Friday, 8 AM – 5 PM.
- Enrolled providers can call or send questions through a designated phone number and email address and expect to receive a response within 30 minutes for phone calls and within one business day for emails.
- Enrolled providers can also refer to the Second Opinion Clinic.

Consultation Demographics

December 2020

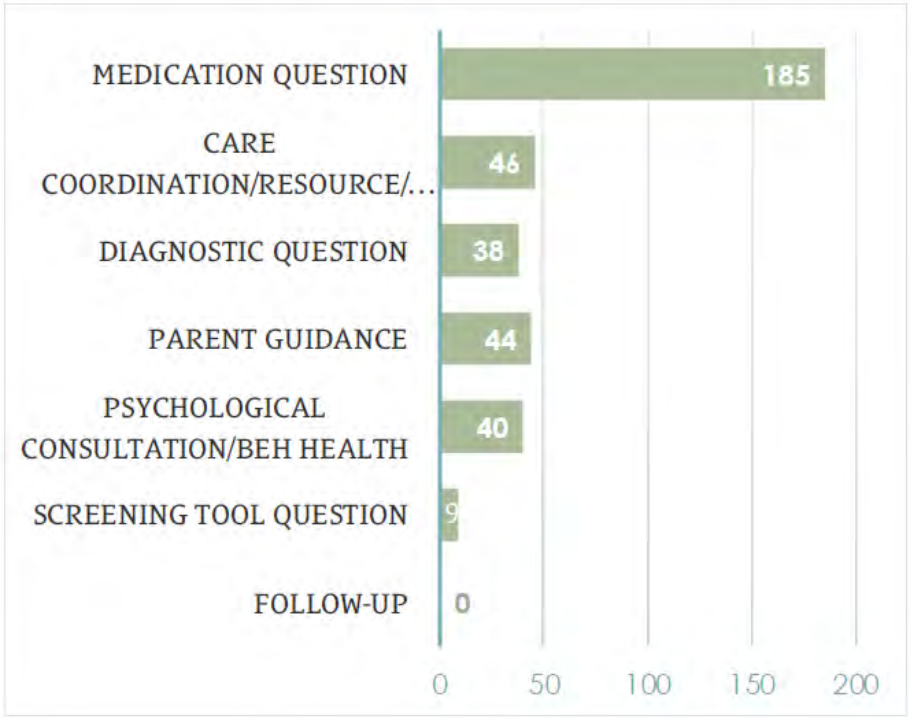




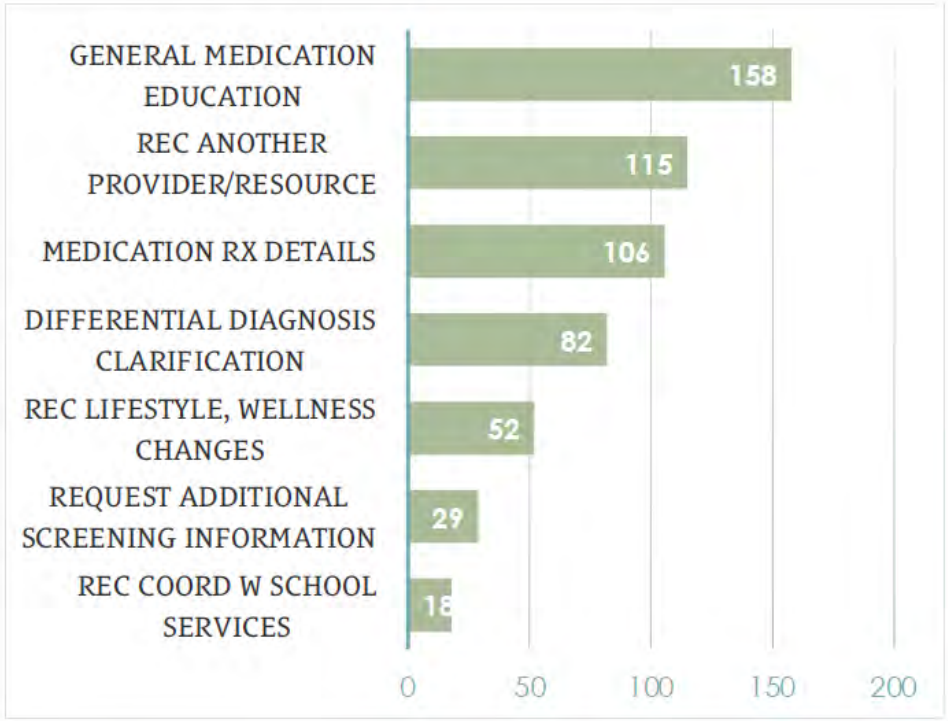
Consultation Contact and Outcomes

December 2020

Reasons PCPs Contacted the CPCP



Outcomes of Encounters



WI CPCP BY THE NUMBERS

4600+

Mental and behavioral health-related consultations provided to family practice and pediatric MDs, DOs, NPs, and PAs

2400+

hours of education provided by WI CPCP

1,155+

enrolled providers

WI CPCP TEAM

Mental Health Clinicians
Jon Lehrmann, MD
Robert Chayer, MD
Rosa Kim, MD
Gabriella Hangiandreou, MD
Martha Karlstad, MD
Colleen Manak, MD
Scott Sandage, DO
Nisha Shah, MD
Matt Jandrisevits, PhD

Program Administrator
Scott Belanger

DHS Contract Administrator
Leah Ludlum, RN, BSN

Data Evaluator
Michelle Broaddus, PhD

Program Manager
Elizabeth Nelson

Program Coordinators
Sara Herr
Jonathan Blake
Kristen Krause
Christina Lium
Grace Weber

Intake Coordinator
Melissa Hayes

05.20.21

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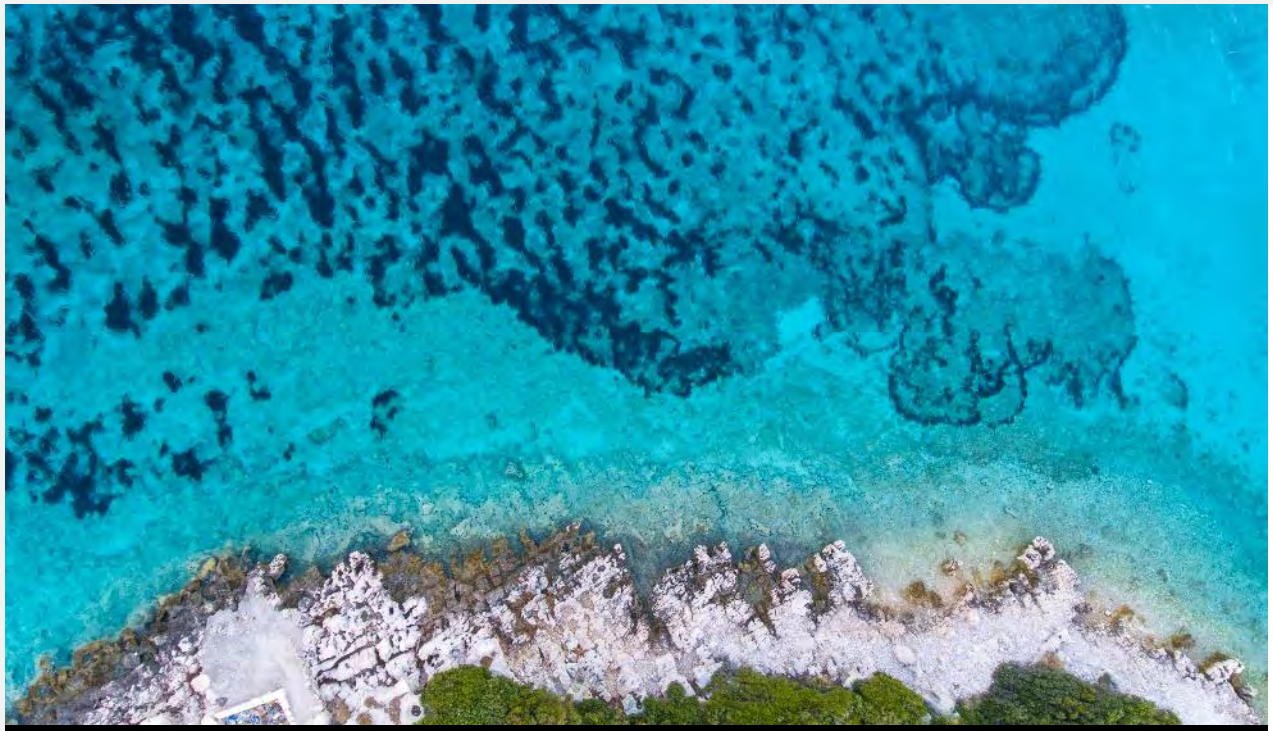
CHILD PSYCHIATRY CONSULTATION PROGRAM

For more information please contact WICPCP.org



Summary

- Mental health needs among youth have increased over the past decade.
- This has been especially apparent during the current pandemic.
- Strategies for enhancing mood and behavior include physiological, social and cognitive techniques.
- Including/addressing caregiver/family health and well-being is recommended.
- There are resources available to assist primary care providers with mental health issues that present in clinic.


Thank You
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Questions/Comments?