Preventive Strategies to Address Adolescent Mental Health

2018 Family Medicine Refresher Course

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Grief Counseling Located:

13 Reasons Why
March 31 | Netflix
Scope of the problem

• 20% of youth (ages 13-18) have a mental health condition
• 11% of youth have a mood disorder
• 10% of you have a behavior or conduct disorder
• 8% of youth have an anxiety disorder
## Alcohol use trends

Youth Risk Behavior Survey (YRBS), every two years

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Ever drank alcohol</td>
<td>No change</td>
<td>Decreased 1991-2015</td>
</tr>
<tr>
<td><strong>Currently drink alcohol</strong> (at least 1 day in previous 30 days)</td>
<td>No change</td>
<td>Decreased 1991-2015</td>
</tr>
<tr>
<td>Drank five or more drinks in a row (in several hours, 1 day in previous 30 days)</td>
<td>Decreased</td>
<td>Increased 1991-1999 Decreased 1999-2015</td>
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# Drug use trends

<table>
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<tr>
<td>Ever used marijuana</td>
<td>No change</td>
<td>Increased 1991-1997 Decreased 1997-2015</td>
</tr>
<tr>
<td>Ever used cocaine</td>
<td>No change</td>
<td>Increased 1991-1999 Decreased 1999-2015</td>
</tr>
<tr>
<td>Ever used inhalants</td>
<td>Decreased</td>
<td>Decreased 1991-2015</td>
</tr>
<tr>
<td>Ever used prescription drugs without script</td>
<td>No change</td>
<td>Decreased 2009-2015</td>
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<tr>
<td>Ever used steroids without script</td>
<td>No change</td>
<td>Increased 1991- 2001 Decreased 2001 -2015</td>
</tr>
<tr>
<td>Ever used heroin</td>
<td>No change</td>
<td>Decreased 1999-2015</td>
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But it isn’t that big of a deal…

- Divide between parent & adolescent
- Screening information
- Emphasis on functioning
- Negotiation, watchful waiting.
- Handling parental issues or disengagement
A matter of perspective

- Early amygdala development.
- Prefrontal cortex develops later
  - Impulsive
  - Underestimate risk, consequences
  - Aggressive
  - Misread social cues, emotions
Parenting styles & role modeling

Permissive
- Responsive
- Warmth
- High
- “You’re the boss”
- Avoid confrontation
- Few rules
- High expectations
- Autocratic
- Structured environments
- Emotionally distant
- Power-remote
- “Because I said so!”

Authoritative
- Responsive
- Warmth
- High
- “Let’s talk about it”
- Clear standards
- Democratic
- Flexible
- Assertive
- Little warmth
- High expectations
- Structured environments
- Emotionally distant
- Clear rules
- “Because I said so!”

Authoritarian
- Responsive
- Warmth
- Low
- “You’re on your own”
- Neglectful
- Absent
- Competing priorities
- High expectations
- Autocratic
- Structured environments
- Emotionally distant
- Power-remote
- “Because I said so!”

Uninvolved
- Responsive
- Warmth
- Low
- Uninterested
- Passive
- Absent
- Competing priorities
- Absent
- Little time
- Neglectful
- Absent
- Competing priorities
- Absent
- “You’re on your own”

Life supplies the challenges to test and strengthen the protective factors:
- Parental resilience
- Social connections
- Concrete help in times of need
- Parent knowledge of child development
- Social and emotional competence of children
POSITIVE AND NEGATIVE SPIRALS
DURING ADOLESCENT BRAIN DEVELOPMENT

THE ADOLESCENT BRAIN NEEDS SUPPORT TO CREATE
POSITIVE SPIRALS, AVOIDING NEGATIVE
TRAJECTORIES

EXAMPLE OF A POSITIVE SPIRAL

BIOLOGICAL CHANGES INCREASE TENDENCIES TO EXPLORE, TAKE RISKS. ADOLESCENTS CAN EXPLORE HEALTHY VERSIONS OF RISK-TAKING

SUPPORT FROM ADULTS FOR HEALTHY LEARNING OPPORTUNITIES, TAKING ON GUIDED RESPONSIBILITIES

IMPROVED SELF-CONFIDENCE, SUPPORTED RISK-TAKING IN LEARNING CONTEXTS

EXAMPLE OF A NEGATIVE SPIRAL

BIOLOGICAL CHANGES AT PUBERTY LEAD TO A TENDENCY TO PREFER STAYING UP LATER

INTENSIFIED THROUGH SOCIAL INTERACTION AND TECHNOLOGY, LATE BEDTIMES & ERRATIC SLEEP PROVOKE SOCIAL JET LAG

PROBLEMATIC PATTERNS OF BEHAVIOUR CAN AFFECT EMOTIONS, ATTENTION AND HEALTH

DOWNLOAD
“THE ADOLESCENT BRAIN: A SECOND WINDOW OF OPPORTUNITY”
WWW.UNICEF-IRC.ORG/ADOLESCENT-BRAIN
Symptoms vs. functioning

- May not be able to match terms to symptoms.
- Irritability
- Concentration
- Sadness
- Anxiety
- Appetite changes
- Sleep issues

- Behaviors
- School performance
- Withdrawal from friends & family
- Ignoring hobbies & activities
- Fighting & conflict
- Changes in friends
SPECIAL ARTICLE

Guidelines for Adolescent Depression in Primary Care (GLAD-PC): I. Identification, Assessment, and Initial Management

Rachel A. Zuckerbrot, MD\textsuperscript{a}, Amy H. Cheung, MD\textsuperscript{a}, Peter S. Jensen, MD\textsuperscript{b}, Ruth E. K. Stein, MD\textsuperscript{c}, Danielle Laraque, MD\textsuperscript{d}, and the GLAD-PC Steering Group

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STATEMENT OF ENDORSEMENT

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™

Guidelines for Adolescent Depression in Primary Care (GLAD-PC): Part II. Treatment and Ongoing Management

Amy H. Cheung, MD\textsuperscript{a}, Rachel A. Zuckerbrot, MD\textsuperscript{b}, Peter S. Jensen, MD\textsuperscript{c}, Danielle Laraque, MD\textsuperscript{d}, Ruth E.K. Stein, MD\textsuperscript{c} GLAD-PC STEERING GROUP
GLAD-PC Part I

• Update of 2007 guidelines, addition of new evidence.

• All youth 12 and older should be screened for depression at annual visit using depression specific tool (PHQ-9 teens, KADDS)

• Also Screen if:
  – Chief complaint of emotional issues
  – Chronic somatic complaints
  – Identify youth with high risk factors
GLAD-PC Screening

Preparation for Managing Depression in PC
Preparation through increased training, establishing mental health linkages, and increasing the capacity of practices to monitor and follow-up with patients with depression

Youth presents to clinic for urgent care or health maintenance visit

All youth 12 years and older presenting at annual visit

Low risk

Systematically identify youth with depression risk factors, including chronic somatic complaints

High risk

Targeted screening with tool

Assessment
(1) Assess with systematic depression assessment tool (if not used as screen)
(2) Interview patient and parent(s) to assess for depression and other psychiatric disorders with DSM-5 or ICD-10 criteria
(3) Interview patient alone
(4) Assess for safety and/or suicide risk

If yes

Do you clinically suspect depression?

Yes

Stop assessment
(2) Repeat targeted screening at regular intervals

No

Evaluation negative for depression but positive for other MH conditions

(1) Refer to other treatment guidelines
(2) Evaluate for depression at future visits
(3) Book for follow-up visit

Evaluation negative for MDD but high depression symptoms

Clinical Decision
May follow depression treatment guidelines if appropriate or return for regular follow-up as high risk with more frequent targeted screening

Evaluation positive for MDD but not psychotic or suicidal

If psychotic or suicidal

Refer to crisis or emergency services (may include subsequent referral to inpatient treatment)

Evaluation Positive for Depression: Mild, Moderate, Severe or Depression with Comorbidities
(1) Evaluate safety and establish safety plan
(2) Evaluate severity of depression symptoms (See*)
(3) Patient and family education (See*)
(4) Develop treatment plan based on severity review diagnosis and treatment options with patient and/or family

Positive screen result

Negative screen result

Perform regular history and physical

Universal screen with depression-specific tool

Youth or family presents with emotional issues as chief complaint

Positive screen result

Negative screen result

If yes
GLAD-PC Part II
Integrated Care Model

• Treatment team
• Systematically identify, assess & diagnose
• Care plan for identified patients
• Care coordination & communication across providers
• Tracking of progress & outcomes
GLAD-PC Part II
Antidepressants
27 studies reviewed
• Strong support for use of antidepressants
• Six times more youth benefit than would be harmed.
• Fluoxetine most supporting evidence
• Adverse effects--duloxetine, venlafaxine & paroxetine most problematic.
GLAD-PC
Clinical Management

If mild depression
- Active support and monitoring for 6 to 8 weeks (every 1 to 2 weeks) (see 4)

If moderate depression
- Consider consultation by mental health specialist to determine management plan

If severe depression or comorbidities
- Should consider consultation by mental health specialist to determine management plan

If persistent
- If improved
  - Manage in primary care
    1. Initiate medication and/or therapy in primary care (see 5) with evidence-based antidepressant and/or psychotherapy
    2. Monitor for symptoms and adverse events (see 6)
    3. Consider on going mental health consultation

If partially improved
- If partially improved after 6 to 8 weeks
  1. Consider
     - Adding medication if have not already; increasing to maximum dosage as tolerated if already on medication
     - Adding therapy if have not already
     - Consulting with mental health specialist
  2. Provide further education, review safety plan (see 6), and continue ongoing monitoring

If not improved
- If not improved after 6 to 8 weeks
  1. Reassess diagnosis
  2. Consider:
     - Adding medication if it has not already been done; increasing to maximum dosage as tolerated if patient is already on medication; changing medication if patient is already on maximum dose of current medication
     - Adding therapy if it has not already been done
     - Consulting with mental health specialist
  3. Provide further education, review safety plan (see 6), and continue ongoing monitoring

If improved after 6-8 weeks
- Continue medication for 1 year after full resolution of symptoms (based on adult literature)
  - AACAP recommends monthly monitor for 6 months after full remission
- Continue to monitor for 6 to 24 months with regular follow-up whether or not referred to mental health specialist
- Maintain contact with mental health specialist if such treatment continues
Screening for suicide risk

- Suicide is second leading cause of death of US youth.
- Over 75% of youths visit primary care provider annually.
- In addition to screening for depression.
- Adolescent specific screen- ASQ (NIMH)
- “Suggestibility” myth
Screening to Brief Intervention (S2BI) Tool

The following questions will ask about your use, if any, of alcohol, tobacco, and other drugs. Please answer every question by checking the box next to your choice.

**IN THE PAST YEAR, HOW MANY TIMES HAVE YOU USED:**

**Tobacco?**
- Never
- Once or twice
- Monthly
- Weekly or more

**Alcohol?**
- Never
- Once or twice
- Monthly
- Weekly or more

**Marijuana?**
- Never
- Once or twice
- Monthly
- Weekly or more

STOP if answers to all previous questions are “never.” Otherwise, continue with questions on the back.

S2BI Tool developed at Boston Children’s Hospital with support from the National Institute on Drug Abuse.
It is best used in conjunction with “The Adolescent SBIRT Toolkit for Providers” www.mass.gov/maclearinghouse (no charge).

OVER
More screening

Prescription drugs that were not prescribed for you (such as pain medication or Adderall)?
- Never
- Once or twice
- Monthly
- Weekly or more

Inhalants (such as nitrous oxide)?
- Never
- Once or twice
- Monthly
- Weekly or more

Illegal drugs (such as cocaine or Ecstasy)?
- Never
- Once or twice
- Monthly
- Weekly or more

Herbs or synthetic drugs (such as salvia, “K2”, or bath salts)?
- Never
- Once or twice
- Monthly
- Weekly or more
S2BI algorithm*

In the past year, how many times have you used:
Tobacco? Alcohol? Marijuana? (Ask separately.)

- **No Use**
- **Once or Twice**
- **Monthly Use**
- **Weekly Use**

- **Positive Reinforcement**
- **Ask Follow Up S2BI Questions:** Prescription drugs, illegal drugs, inhalants, herbs?

- **Brief Advice**
- **Motivational Intervention:** Assess for problems, advise to quit, make a plan

- **Reduce use & risky behavior**
- **Reduce use & risky behaviors & refer to treatment**
CRAFFT

Brief assessment to inform intervention

- Have you ever ridden in a CAR driven by someone (including yourself) who was “high” or had been using alcohol or drugs?
- Do you ever use alcohol or drugs to RELAX, feel better about yourself, or fit in?
- Do you ever use alcohol or drugs while you are by yourself, ALONE?
- Do you ever FORGET things you did while using alcohol or drugs?
- Do your family or FRIENDS ever tell you that you should cut down on your drinking or drug use?
- Have you ever gotten into TROUBLE while you were using alcohol or drugs?

MOTIVATIONAL INTERVENTION

- Ask questions to identify common problems, make pro/con list, ask CRAFFT questions
- Use problems as a pivot point in the conversation
- Assist with planning; target highest risk behaviors
- Give clear medical advice to stop, while acknowledging agency
- Ask permission to include parents in the discussion
- Invite back for follow up
- Assess for need: Make referral to treatment
Non-Suicidal Self-Injury (NSSI)

- 15% adolescents
- Up to 22% in primary care.
- Differs in intent—reduce negative emotions.

- What impact is this having on your life?
- It sounds like it's difficult to handle the stress in your life without self-injuring. How would your life be different right now if you were not self-injuring?
- What do you think you would need to help you stop self-injuring?
LGBTQ Youth

CDC’s 2015 Youth Risk Behavior Survey (YRBS)

• 34% bullied on school grounds
• 28% electronically bullied
• 18% forced to have intercourse at some point
• 18% had experienced dating violence
Adverse Childhood Events (ACES)

**ABUSE**
- Physical
- Emotional
- Sexual

**NEGLECT**
- Physical

**HOUSEHOLD DYSFUNCTION**
- Mental Illness
- Mother treated violently
- Incarcerated Relative
- Substance Abuse
- Divorce

The diagram illustrates the mechanism by which Adverse Childhood Experiences influence health and well-being throughout the lifespan.
Social media…. 

- Everything in moderation, pros/cons
- Increase in depression & anxiety
- Fear of missing out (FOMO) drives use
- Anxiety & depression drive FOMO
4 - 7 - 8 Breath
Relaxation Exercise

A patient handout from Dr. Andrew Weil. This is a very simple and useful tool to achieve general relaxation and to manage stress.

**Beginner Tips:**

Ideally, sit with your back straight.

*Place the tip of your tongue against the ridge of tissue just behind your upper front teeth, and keep it there through the entire exercise.*

Exhale through your mouth around your tongue; try pursing your lips slightly if this seems awkward.

**Anyone can do it...**

- Simple
- Quick
- No equipment needed
- Do it anywhere
### Mental Health Apps

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<tr>
<th>App</th>
<th>Description</th>
<th>Example</th>
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<tr>
<td>Cove</td>
<td>Create music to capture your mood and express how you feel with the Cove app.</td>
<td>Being Tested in the NHS</td>
</tr>
<tr>
<td>Chill Panda</td>
<td>Learn to relax, manage your worries and improve your wellbeing with Chill Panda.</td>
<td>Being Tested in the NHS</td>
</tr>
<tr>
<td>Bluelce</td>
<td>Bluelce is an evidenced-based app to help young people manage their emotions and reduce urges to self-harm.</td>
<td></td>
</tr>
<tr>
<td>SilverCloud</td>
<td>SilverCloud is an online course to help people manage stress, anxiety and depression.</td>
<td></td>
</tr>
<tr>
<td>Stress &amp; Anxiety Companion</td>
<td>Stress &amp; Anxiety Companion helps you handle stress and anxiety on-the-go.</td>
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<tr>
<td>Ieso</td>
<td>Ieso is an online course using instant messaging for people with mental health problems.</td>
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<tr>
<td>Catch It</td>
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<tr>
<td>Big White Wall</td>
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Cognitive Distortions

- Mental filter
- Catastrophizing
- Discounting the positives
- Magnification & minimization
- Blame & Personalization
Meditation & Acceptance

Headspace is a gym membership for your mind

Bite-sized, guided meditations designed to fit busy modern lives

Stop, Breathe & Think

How are you?
Check in with yourself, then listen to a tuned meditation to improve your day!

1,505 people meditating today

Learn to Meditate

List of Meditations

My Progress
Very Cool, you've meditated 11 hours 18 minutes!

The University of Iowa
References


• Centers for Disease Control (CDC). https://www.cdc.gov/violenceprevention/acestudy/about.html


References II


References III

