

The Challenges Youth Face: Recognizing & Addressing Feelings

Gretchen Pianka MD, MPH, FAAP
April 15th 2021
Maine AAP Spring Conference Series

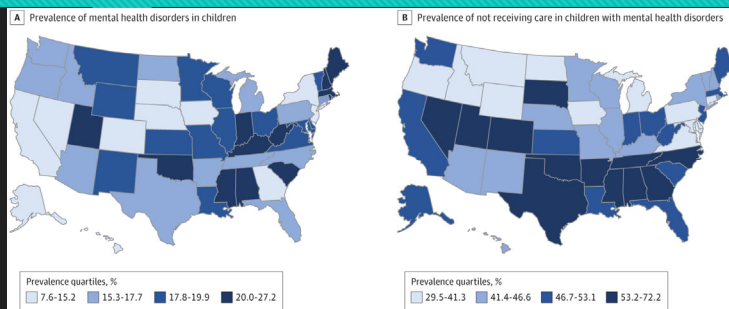
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“Resilience Rx”

- “Resilience University” in July 2020
- Working with families on ways to foster resilience “one messy moment at a time”
- Collecting data; 40 families at varying stages
- Interested in integrating evidence-based resilience building strategies into existing systems

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Mental Health Pre-COVID



Whitney DG, Peterson MD. US National and State-Level Prevalence of Mental Health Disorders and Disparities of Mental Health Care Use in Children. *JAMA Pediatr.* 2019;173(4):389–391. doi:10.1001/jamapediatrics.2018.5399

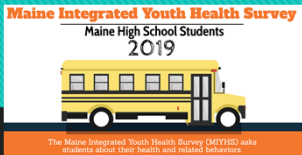
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Maine Pre-COVID

- 1 in 4 children in Maine has at least one mental health disorder (i.e. depression, anxiety, or ADHD)
- Higher than the national average of 1 in 6

Whitney DG, Peterson MD. US National and State-Level Prevalence of Mental Health Disorders and Disparities of Mental Health Care Use in Children. *JAMA Pediatr.* 2019;173(4):389–391. doi:10.1001/jamapediatrics.2018.5399

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Maine Integrated Youth Health Survey
Maine High School Students
2019


The Maine Integrated Youth Health Survey (MIYHS) asks students about their health and related behaviors.

- Suicide rates were increasing & above the national average
- 1:6 Maine high school students considered suicide = **13,000 kids**
7,200 Maine adolescents attempted suicide in the last year
- > 45% of Maine teens had vaped; about the same percentage tried Marijuana and drank alcohol in the last 30 days

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Adverse Childhood Experiences (ACEs) Among High School Students

2019 Maine Integrated Youth Health Survey Data

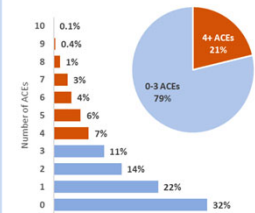


Measuring ACEs

Maine high school students were asked how many of the following happened to them. ACE scores are based on the number of experiences they had.

- Parents/guardians got divorced or separated
- A parent/guardian died
- A parent/guardian was in jail or prison
- Lived with an adult who had a mental illness
- Lived with an adult who often swore at/insulted, put down or humiliated them
- Physically hurt by an adult in the home
- Ever forced (physical or otherwise) to have sexual contact
- Violence in the home, or the threat of violence, ever made them want to leave home, even just for a short while
- Lived with an adult who had a problem with alcohol or drugs
- Does not have strong family love and support

1 in 5 Maine high school students have experienced 4 or more ACEs.



More ACEs = Worse Health and More Risky Behavior

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Globally

US is #32 out of 38 for children's mental well-being (UNICEF)

Overall ranking	Country	Mental well-being	Physical health	Safety
1	Netherlands	1	9	3
2	Denmark	6	4	7
3	Norway	11	8	1
4	Switzerland	13	3	12
5	Finland	12	6	9
6	Spain	3	23	4
7	France	7	18	5
8	Belgium	17	7	8
9	Slovenia	25	11	2
10	Sweden	22	5	14
11	Croatia	19	26	10
12	Ireland	28	17	6
13	Luxembourg	19	2	28
14	Germany	16	10	21
15	Hungary	16	21	13
16	Austria	21	12	17
17	Portugal	6	26	20
18	Cyprus	2	20	24
19	Italy	9	27	16
20	Japan	17	1	27
21	Republic of Korea	34	13	11
22	Czech Republic	24	14	22
23	Estonia	13	15	16
24	Iceland	26	16	21
25	Romania	4	34	30
26	Slovakia	14	27	26
27	United Kingdom	29	19	28
28	Latvia	25	24	23
29	Greece	8	36	31
30	Canada	31	30	18
31	Poland	30	22	26
32	Australia	15	28	19
33	Lithuania	35	30	33
34	Malta	28	32	35
35	New Zealand	38	33	27
36	United States	32	38	32
37	—	—	—	—
38	Chile	27	36	38

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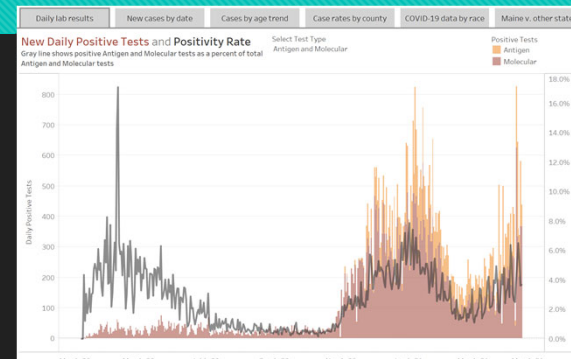
COVID Pandemic

Daily lab results, New cases by date, Cases by age trend, Case rates by county, COVID-19 data by race, Maine v. other states

New Daily Positive Tests and Positivity Rate
Gray line shows positive Antigen and Molecular tests as a percent of total

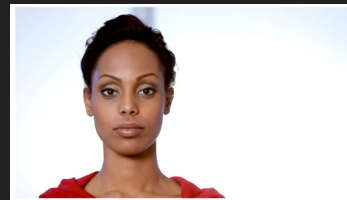
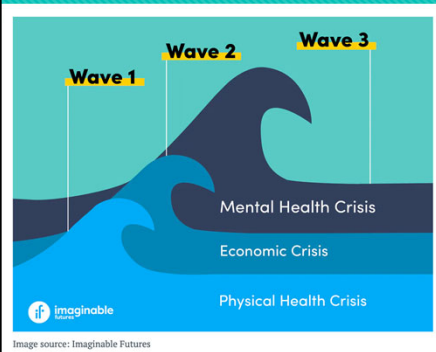
Select Test Type: Antigen and Molecular

Positive Tests: Antigen, Molecular



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Pandemic: A Tiered Crisis



EdSurge. The Next Pandemic: Mental Health. Isabelle Hsu and Cindy Minn. May 30, 2020 available @ <https://www.edsurge.com/news/2020-05-30-the-next-pandemic-mental-health>

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Pandemic: A Tiered Crisis



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Pandemic: Caregivers & Children



Rapid-EC. A Hardship Chain Reaction. UOregon CTN. Jul 20, 2020. available @ <https://medium.com/rapid-ec-project/a-hardship-chain-reaction-3c3f3577b30>

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Covid & Mental Health

Review article:

- A total of 16 studies
- Eleven studies from China, two from India, and one from Spain, Italy, and Iran
- Prevalence of all forms of depression was 20%, anxiety 35%, and stress 53% in the combined study population of 113,285 individuals
- **The prevalence rate of all forms of depression, anxiety, stress, sleep problems, and psychological distress in general population was found to be higher during COVID-19 pandemic.**

Lakhan R, Agrawal A, Sharma M. Prevalence of Depression, Anxiety, and Stress during COVID-19 Pandemic. J Neurosci Rural Pract. 2020 Oct;11(4):519-525. doi: 10.1055/s-0040-1716442. Epub 2020 Sep 11. PMID: 33144785; PMCID: PMC7595780.

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Covid & Mental Health

- Limitations on mental health services
- Many counselors only virtual, closed to new patients
- In 2019, 42% of kids 6-18 yo were covered by MaineCare
- In Androscoggin, York and Cumberland county <25% of counselors see kids and accept MaineCare
- CCS Psychiatry saw weekly referrals go from 60/wk pre-COVID to over 100/wk and had to limit access geographically

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Increase protective factors¹

- Parental resilience
- Social connections
- Concrete help in times of need
- Parent knowledge of child development
- Social and emotional competence of children

Life supplies the challenges to test and strengthen the protective factors

<https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/resilience/Pages/Promoting-Resilience.aspx>

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AAP Resilience Project

GIVE YOUR PATIENTS
WITH TOXIC STRESS
SOMETHING REMARKABLE.
A HEALTHY ADULTHOOD.



THERESILIENCEPROJECT
We can stop Toxic Stress.

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Listening to a Baby's Brain: Changing the Pediatric Checkup to Reduce Toxic Stress



Unfortunately, many families face great difficulty finding treatment, in part because too few professionals are trained to provide evidence-based therapy to young children. Families face many other barriers as well: cost, transportation, time off from work to participate, and sticking with something that can be extremely difficult emotionally. "We have really strong evidence that we can intervene effectively," Gleason says, "but most children don't have access to these treatments."

"I am so hopeful that looking at behavioral and emotional functioning and problems in kids will be a fundamental part of routine pediatric care—not extra, not less important than the physical exam, but an integral part of what it means to provide pediatric care," Weitzman says. "These are steps moving us toward a different configuration of what pediatrics is. It's very slow, but it's exciting."

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"Roadmap For Resilience"



Nadine Burke Harris

So this is what we wrote about in the surgeon general's report "Roadmap for Resilience." And that's where the cross-sector response is so critically important. Because that is where the cumulative dose of buffering that we deploy in our society is critically important. It is critically important if our educators, and our law enforcement, and our judges, and our early childcare workers, and the guy at the grocery store understand how they can be part of the solution, how they can be a source of buffering for a child. It is critically important that we are making investments to support those families and those communities that are disproportionately impacted. Because it is a matter of long-term health and well-being for this generation. When we're talking about a major generational trauma, we recognize that we have to implement supports, trauma-informed systems. Because we know now that we're going to see a generation with these impacts if we don't do anything.

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Evidenced-Based Buffering Interventions

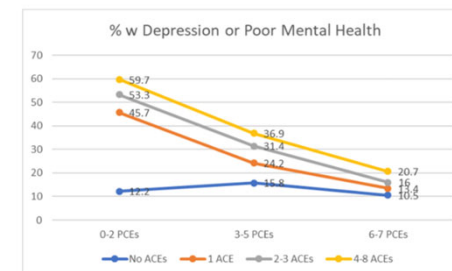


Source: Adapted from Burke Harris, Nadine, *The Deepest Well: Healing the Long-Term Effects of Childhood Adversity*, Boston: Houghton Mifflin Harcourt, 2018; Gilgoff et al. Adverse Childhood Experiences, outcomes, and interventions. *Pediatric Clinics* 2020; 67(2): 259-73.

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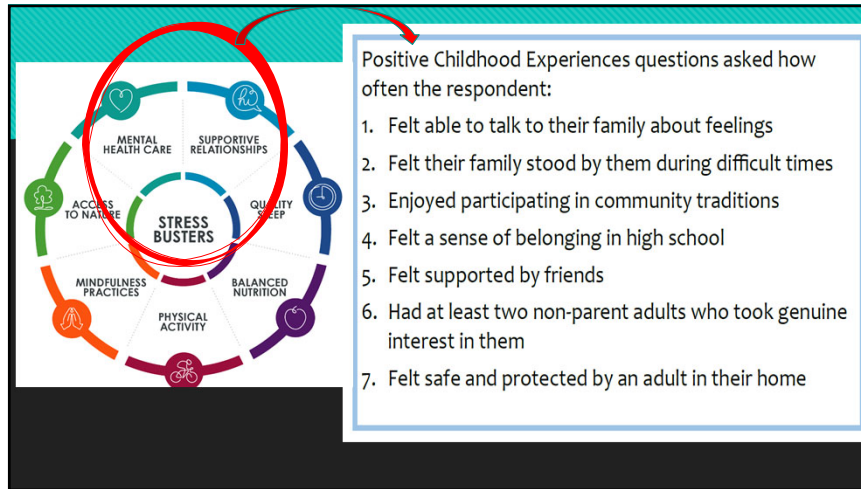
Positive Childhood Experiences Mitigate ACEs Effects



Bethell C, Jones J, Gomboje N, Linkenbach J, Segal R. Positive Childhood Experiences and Adult Mental and Behavioral Health in a Statewide Sample: Associations Across Adverse Childhood Experiences Levels. *JAMA Pediatr.* 2019;e190007.

HOPE

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Positive childhood experiences

Positive Childhood Experiences questions asked how often the respondent:

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
5. Felt supported by friends
6. Had at least two non-parent adults who took genuine interest in them
7. Felt safe and protected by an adult in their home

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CAREGIVER MENTAL HEALTH

68% of caregivers report an increase in stress

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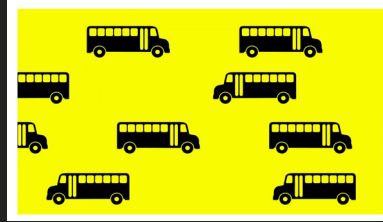
How do we help?

- Behavior problems
- Irritability
- Defiance
- Drug use
- Cutting/Self-harm
- Unhealthy relationship with food, exercise
- Social anxiety
- School refusal

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Behavior: a cry for help with feelings?

- What is the emotion behind the behavior?
- Lean in & be curious
- Careful not to jump to punishment/discipline
- What might have led to this behavior?
- "BACK THE BUS UP"



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How can we be "part of the solution"?

- Careful that PCEs/ACEs do not just become lists of things kids should or shouldn't have
- Protective factors are within reach for all families, despite ongoing adversity
- Two step approach...

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#1 LOOK Beyond the Behavior

- Plenty of opportunities
- Fewer distractions, some strategies are out of reach
- Remember: each unpleasant feeling will come and go
- Each person's job is to care for themselves while that unpleasant feeling is there
- Acknowledge your OWN emotions too!

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#2 Encourage healthy coping strategies

- Hungry, Tired or Cold?
 - Food, Sleep or a Blanket
- Angry, Lonely, Afraid or Frustrated?
 - Breathing Exercises, Meditation, Mindfulness, Exercise, Journaling, etc.



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Social-Emotional Learning

A 4-Step Process for Building Student Resilience By [Michele Lew](#) (Edutopia, Nov 2018)

- Step 1: Teach students to identify their stressors.
- Step 2: Identify what students normally do when presented with stressors.
- Step 3: Brainstorm alternative ways to respond to stressors.
- Step 4: Practical application and maintenance of coping skills.

"Coping skills are fluid and flexible..."

It's important they don't get caught up in thinking they can only use certain skills since that can become a new source of stress....

Coping skills are a powerful way for all students to build resilience, self-awareness, and self-regulatory skills as they face the stressors of life."

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AAP Recommendations During COVID

- "For all ages and stages, facilitating resilience is key. Pediatricians can remind families about the strength they provide for their children by being present, empathic, and nurturing. Practicing techniques together such as mindfulness, relaxation, and focusing on the present moment can help the entire family build coping skills to deal with uncomfortable and frightening feelings. When practiced regularly, children and caregivers can build skills that promote self-regulation and greater awareness of their feelings and the feelings of others that last long beyond the duration of the pandemic."

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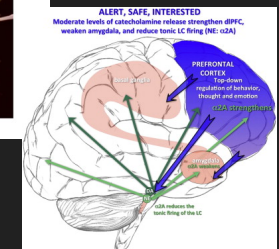
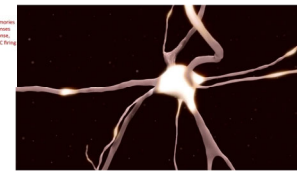
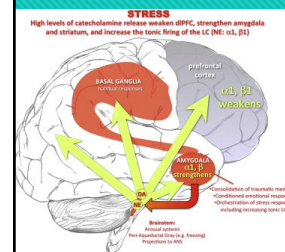
"Ten Things"

- Exercise
- Talk with friends
- Cuddle with the dog
- Dance party
- Listen to music
- Go for a walk
- Sing!
- Headspace/Calm



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See One, Do One, Teach One



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Recognizing & Addressing Feelings

- See past behavior to emotions/feelings
- Addressing stress with evidence based buffering strategies
- Tell me about what is hard?
- Building resilience “one messy moment at a time”
- WWND: What Would Nadine Do?