

Maternal and Child Health (MCH) Fellows Program National Conference of State Legislatures



THE UNIVERSITY OF ARIZONA

Mel & Enid Zuckerman
College of Public Health

Maternal and Child Mental Health: The “Basics”

Christina Cutshaw, PhD

January 21, 2022



THE UNIVERSITY OF ARIZONA

Mel & Enid Zuckerman
College of Public Health

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

DSM-5, 2013

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

“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

Child & Adolescent Mental 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)

Challenging but normal or “warning signs”

- 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**

Kessler et al., 2005; <https://www.nimh.nih.gov/health/publications/children-and-mental-health>

Development & Mental Health

“the brain is now known to be physically shaped by contributions from our genes and our experience, working together”

- 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

<https://developingchild.harvard.edu/science/key-concepts/brain-architecture/> , National Academies of Sciences. (2019) *Fostering Healthy Mental, Emotional, and Behavioral Development in Children and Youth: A National Agenda*

Relationship – parent- child mental illness

- 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

<https://medlineplus.gov/mentaldisorders.html>, National Academies of Sciences. (2019) *Fostering Healthy Mental, Emotional, and Behavioral Development in Children and Youth: A National Agenda*

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

	2016 National Survey of Children's Health (NSCH)	Notes
Any mental, behavioral, and develop. disorders (MBDD)	17.4%, aged 2–8 years	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.
ADHD (1)	9.4%, aged 2-17 years (approx. 6.1 M)	
Behavior problems (2)	7.4%, aged 3-17 years (approx. 4.5 M)	Possible related to ODD, CD. Comorbidity common: (over 30% also have anxiety, one in 5 have depression)
Anxiety (2)	7.1%, aged 3-17 years (approx. 4.4 M)	Comorbidity (> 30% also have depression or behavior probs.)
Depression (2)	3.2%, aged 3-17 years (approx. 1.9 M)	Comorbidity (73.8% also have anxiety; 47.2% also have behavioral probs).
Autism Spectrum Disorder (ASD)	23/100,000; 1 in 44	

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)

Prevalence: Adolescent and Adult Depression

- Prevalence of past-year major depressive episode: adults 18-25

	<u>2009</u>	<u>2019</u>	<u>2020</u>
All increased:	5.2%	10.3%	12.1%



- Prevalence of past-year major depressive episode: youth 12-17

	<u>2009</u>	<u>2019</u>	<u>2020</u>
All increased:	8.1%	15.8%	17%
Girls: MDE increased:	11.4%	23.4%	----



- Prevalence of recent/current depression: females, pregnant and post-partum

	<u>2016</u>	<u>2017</u>
3 mo. before pregnancy	12.3%	12.7%
During pregnancy	11.6%	12.0%
Post-partum	12.8%	12.5%

COVID-19

- 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

//

- 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*

Receipt of Treatment

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>
- Center on the Developing Child: <https://developingchild.harvard.edu/resources/>
- National Institute for Mental Illness: <https://www.nimh.nih.gov/health/topics/child-and-adolescent-mental-health>
- National Library of Medicine: Medline Plus: <https://medlineplus.gov/childmentalhealth.html>
- National Academies
 - <https://www.nap.edu/catalog/25201/fostering-healthy-mental-emotional-and-behavioral-development-in-children-and-youth>
- SAMSHA <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.
- Bauman, B. L., Ko, J. Y., Cox, S., D’Angelo, D. V., Warner, L., Folger, S., ... & Barfield, W. D. (2020). Vital signs: Postpartum depressive symptoms and provider discussions about perinatal depression—United States, 2018. *Morbidity and Mortality Weekly Report*, 69(19), 575.
- Czeisler MÉ, Lane RI, Petrosky E, et al. Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic — United States, June 24–30, 2020. *MMWR Morb Mortal Wkly Rep* 2020;69:1049–1057. DOI: <http://dx.doi.org/10.15585/mmwr.mm6932a1externalicon>.
- Cree, R. A., Bitsko, R. H., Robinson, L. R., Holbrook, J. R., Danielson, M. L., Smith, C., ... & Peacock, G. (2018). Health care, family, and community factors associated with mental, behavioral, and developmental disorders and poverty among children aged 2–8 years—United States, 2016. *Morbidity and Mortality Weekly Report*, 67(50), 1377.
- Daly M. (2021). Prevalence of Depression Among Adolescents in the U.S. From 2009 to 2019: Analysis of Trends by Sex, Race/Ethnicity, and Income. *The Journal of adolescent health : official publication of the Society for Adolescent Medicine*, S1054-139X(21)00443-2. Advance online publication. <https://doi.org/10.1016/j.jadohealth.2021.08.026>
- Danielson, M. L., Bitsko, R. H., Ghandour, R. M., Holbrook, J. R., Kogan, M. D., & Blumberg, S. J. (2018). Prevalence of parent-reported ADHD diagnosis and associated treatment among US children and adolescents, 2016. *Journal of Clinical Child & Adolescent Psychology*, 47(2), 199-212.
- Davis, R. N., Davis, M. M., Freed, G. L., & Clark, S. J. (2011). Fathers' depression related to positive and negative parenting behaviors with 1-year-old children. *Pediatrics*, 127(4), 612-618.
- Department of Health and Human Services, Office of the SurgeonGeneral (US). (1999). Mental health: a report of the Surgeon General <http://www.surgeongeneral.gov/library/mentalhealth/home.html>
- Elharake, J. A., Akbar, F., Malik, A. A., Gilliam, W., & Omer, S. B. (2022). Mental Health Impact of COVID-19 among Children and College Students: A Systematic Review. *Child psychiatry and human development*, 1–13. Advance online publication. <https://doi.org/10.1007/s10578-021-01297-1>
- Ghandour, R. M., Sherman, L. J., Vladutiu, C. J., Ali, M. M., Lynch, S. E., Bitsko, R. H., & Blumberg, S. J. (2019). Prevalence and treatment of depression, anxiety, and conduct problems in US children. *The Journal of pediatrics*, 206, 256-267.

References

- Goodkind, M., Eickhoff, S. B., Oathes, D. J., Jiang, Y., Chang, A., Jones-Hagata, L. B., ... & Etkin, A. (2015). Identification of a common neurobiological substrate for mental illness. *JAMA psychiatry*, 72(4), 305-315.
- Kessler, R. C., Berglund, P., Demler, O., Jin, R., Merikangas, K. R., & Walters, E. E. (2005). Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication. *Archives of general psychiatry*, 62(6), 593–602. <https://doi.org/10.1001/archpsyc.62.6.593>
- Maternal depression and child development. (2004). *Paediatrics & child health*, 9(8), 575–598. <https://doi.org/10.1093/pch/9.8.575>
- National Academies of Sciences, Engineering, and Medicine. (2019). *Vibrant and Healthy Kids: Aligning Science, Practice, and Policy to Advance Health Equity*. Washington, DC: The National Academies Press. <https://doi.org/10.17226/25466>. [Free]
- National Academies of Sciences, Engineering, and Medicine 2019. *Fostering Healthy Mental, Emotional, and Behavioral Development in Children and Youth: A National Agenda*. Washington, DC: The National Academies Press. <https://doi.org/10.17226/25201>.
- National Academies of Sciences, Engineering, and Medicine 2021. *School-Based Strategies for Addressing the Mental Health and Well-Being of Youth in the Wake of COVID-19*. Washington, DC: The National Academies Press. <https://doi.org/10.17226/26262>.
- Pies, R.W. (2019). Debunking the two chemical imbalance myths, again. *Psychiatric Times*, 36,8. <https://www.psychiatristimes.com/depression/debunking-two-chemical-imbalance-myths-again>
- Substance Abuse and Mental Health Services Administration. (2021). *Key substance use and mental health indicators in the United States: Results from the 2020 National Survey on Drug Use and Health (HHS Publication No. PEP21-07-01-003, NSDUH Series H-56)*. Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from <https://www.samhsa.gov/data/>
- 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. (2021). *MMWR Morb Mortal Wkly Rep*, 70:888–894. DOI: <http://dx.doi.org/10.15585/mmwr.mm7024e1external icon>.