

ADDRESSING ADOLESCENT & YOUNG ADULT DEPRESSION IN PRIMARY CARE



Promoting Emotional Well-Being During an Ongoing Pandemic

November 3, 2021

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Peer Learning Summary State-Specific Breakouts

Arizona

Resources or strategies clinicians are using to promote family well-being and resiliency.

- Care managers offered as a resource in some clinics
- Mindfulness training
- Counseling services offered via the AZ Children's Association, co-located within the clinics serving youth
- Some clinics have an integrated mental health (MH) team with psychiatrists, LSW, etc.
- Lean on Me AZ resource was shared with providers that are part of the AZ ACE Consortium. Upcoming training in which some of the CoIIN participants (providers) will be attending.

Clinical observations of youth and family mental health and the impact of return to school.

- Children's MH is influenced by their parents' MH (and conversely)
- During lockdown, stay-at-home orders, there were increased levels of anxiety & social isolation among youth
- With return to school, some are relieved and improving in these areas, however, in-school return has increased anxiety
- Seeing more depression than anticipated (thought it would get better once returning to school)
- More incidences of bullying (for varied reasons) after transitioning back to school
- Many youth are questioning about masking and vaccinating
 - Some are stressed by politics infiltrating their home life and interfering with their desires to mask, vax, etc
- Some youth prefer being at school again, returning to this routine has been helpful to their MH, some are performing better again (performance decreased for some youth that didn't adapt well to virtual learning)
- Increased rates of obesity among youth as a result of the pandemic lockdown
- Families aren't doing so well
 - Dealing with pandemic-related job losses, deaths from COVID, stress relating to schooling their children at home
 - Some older youth asked to teach their younger siblings due to working hours of parents/caregivers, bandwidth



Arizona (continued)

- Adults aren't coping well, dealing with increased depression and anxiety as well, which impacts the MH status/well-being of their adolescent children
- Some parents simply "gave up"

California

Note: California had shorted discussion time due to difficulties in sorting the group.

MCH

- Just recently turned their attention to adolescent well-being; previously focused primarily on reproductive health.
- Clinicians not sure what MCH is and what it does

Clinical observations of youth and family mental health and the impact of return to school.

- Social anxiety
- Increased depression for most but not all
- Some patients doing better without social pressure of school last year- learning to reengage
- Social Media became too hard to control during pandemic, recognizing social media helped with connection but too much
- Counselling Access is too hard- insurance coverage, availability.

Iowa

Clinical observations of youth and family mental health and the impact of return to school.

- Lacking resources related to resiliency for their older patients (described as "tweens" and "teens").
- A Sesame Street resource that is very helpful for younger children to help regulate emotions, but nothing exists for adolescents.
- Lack of resources for schools, particularly for rural areas
- Lack of resources for referral to more intensive care
 - Iowa public health shared three resources that are immediately available including: an in-home family functioning therapy program for Medicaid clients, a Teen Line, and Your Life Iowa (a text program for young people to connect with a therapist).

What is MCH doing to address youth mental health?

- In-home family functioning therapy program for Medicaid clients,
- a Teen Line
- Your Life Iowa (a text program for young people to connect with a therapist)

Ohio

Clinical observations of youth and family mental health and the impact of return to school.

- Seeing greater happiness. Youth are happy to be back in school, seeing their friends, and returning the "norm." The person sensed a decrease in depression.
- For youth with social anxiety, the return to school is anxiety producing

Clinical needs that MCH could support

- Provide updated resource lists to clinics (anything from Big Brother/sister programs, to organizations that assist with housing, food security and clothing).
- The state of Ohio apparently has resource lists based on federal action – e.g., CURES act, Recovery Act, but is spread out across state websites. Some consolidation or "one-stop" shopping might be helpful. These "resources" are broad include service organizations/agencies, as well as fact sheets and tip sheets for coping with stress – with different resources for different audiences (e.g., parents, youth, teachers, school support staff)
- There is ongoing need for virtual support for people in rural areas, where the nearest big town might be 45 minutes away. That would be a barrier to support for, say a parent support group.

Pennsylvania

MCH projects are promoting emotional well-being and resiliency in youth and families

- Olweus anti-bullying campaign
- Mentoring programs to connect youth who don't have supportive adult relationships
- LGBTQ program with mentoring, mental health services, running program (folks were interested in this: youth train for races, get free sneakers, get brought to well visits, etc.)

Resources or strategies clinicians are using to promote family well-being and resiliency

- Hemophilia clinic has a men's support group
- Hemophilia clinic is looking in to social worker providing talk therapy (barrier is malpractice)
- Sickle cell clinic is hiring a neuropsychologist to work with families and youth (will look at school performance, compare parent and youth perspective, etc)
- Sickle cell clinic has a client advisory panel who IDs resources for MH
- Sickle cell clinic currently provides outpatient therapy in the clinic