

Behavioral Health Trends Impacting Texas Youths

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1

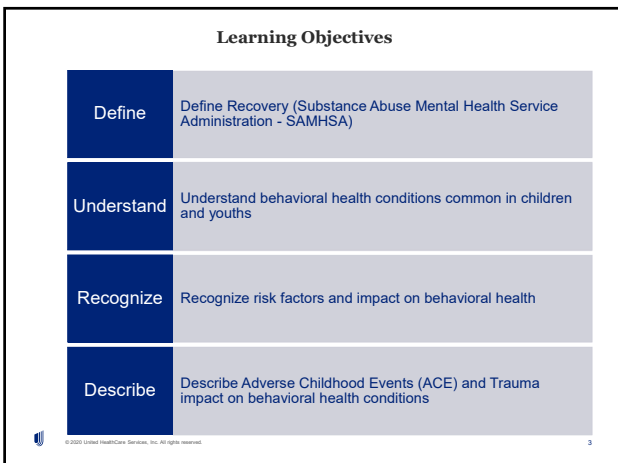


Disclosure

- We have no actual or potential conflict of interest in relation to any product or service mentioned in this program or presentation.

2

2



Learning Objectives	
Define	Define Recovery (Substance Abuse Mental Health Service Administration - SAMHSA)
Understand	Understand behavioral health conditions common in children and youths
Recognize	Recognize risk factors and impact on behavioral health
Describe	Describe Adverse Childhood Events (ACE) and Trauma impact on behavioral health conditions

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3

Pre questions

1. Define recovery (SAMHSA definition)?
 - a. Person-centered process of change to improve health and wellness
 - b. Dictated by a treatment team
 - c. Is NOT possible if you have a behavioral health condition/diagnosis
 - d. None of the Above
 - e. all of the above
2. Does trauma (or adverse childhood experiences) impact behavioral health conditions? yes no
3. Which of these behavioral health conditions impact youth?
 - a. Major Depression
 - b. ADHD
 - c. Anxiety disorders
 - d. Substance use disorder
 - e. all of the above
4. Which of these professionals are behavioral health clinicians?(select all that apply)
 - a. Primary Care physician
 - b. Psychiatrist
 - c. Psychologist
 - d. Licensed Practicing Clinicians (LPC)
 - e. all of the above

4

4

Overview

Recovery (SAMHSA definition)

“A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their fullest potential.”

- [Recovery Definition > SAMHSA](#)

5

5

Mental Health Disorders

Depression
When 5 or more symptoms such as depressed mood, decreased interests, significant weight changes, difficulty sleeping, loss of energy/fatigue, feelings of worthlessness, difficulty concentrating, recurrent thoughts of death, during a 2 week period

Anxiety
Excessive worry or apprehension with difficulty controlling it, with symptoms including restlessness, easily fatigued, difficulty concentrating, irritability, muscle tension, sleep disturbances, lasting at least 6 months

Bipolar disorder
Changes with mood, energy and ability to function with intense emotional states (mania/hypomania/depressive)

ADHD
Attention deficit/hyperactivity disorder with symptoms including inattention, excessive movement not fitting to environment and impulsivity.

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6

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Risk Factors:

- Ages 2 – 8, males' greater risk than females
- Psychosocial impact
 - Living below 100% of FPL - 1 in 5
 - Homelessness
 - Literacy level
 - Grandparents as primary care givers
- Age & poverty level impacts receiving treatment
- Ages 15- 24, Suicide 3rd leading cause of deaths (males > females)*
 - LGBTQ (46%) have serious thoughts of suicide
 - Nonfatal outcomes
 - 12-17 ages = 629,000 USA, 1 @ 50 seconds
 - 25 attempts for each death; 100-200: 1 youth
 - 3 : 1 attempts (female to male)
- 50% of all mental illness occurs before person turns 14, increase to 75% before age 24
- Poor mental health increases risk of physical health conditions

* Ages 15-34 = suicide 2nd leading cause of deaths in USA

7

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Substance Use

- Per CDC
- Alcohol, marijuana, and tobacco are substances most commonly used by adolescents.¹
- By 12th grade, about two-thirds of students have tried alcohol.²
- About half of 9th through 12th grade students reported ever having used marijuana.²
- About 4 in 10 9th through 12th grade students reported having tried cigarettes.³
- Among 12th graders, close to 2 in 10 reported using prescription medicine without a prescription.

- Warning Signs
 - Mood changes
 - Academic problems
 - Social circle
 - Physical/mental changes

8

Behavioral Trends, Risk Factors

Diagnosis (ages 12-17)	USA	Tx Mcd IP	Tx Mcd OP
ADHD	9%	2%	6%
Behavioral Problems	7%	4%*	6%*
Mood Disorders	15.1%	33%** 28%**	15%** 14%***
PTSD		2%	2%
Alcohol	2.0-2.81%	<1%	0%
Marijuana	8.63% - 10.10%	0%	,1%

* Intermittent explosive, Conduct, Oppositional Defiant disorder.
 ** MDD, mood nos;
 *** Bipolar DO

1 in 5 children will experience a mental illness in their lives

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9

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Risk Factors

- Individual level: history of depression and other mental illnesses, hopelessness, substance abuse, certain health conditions, previous suicide attempt, violence victimization and perpetration, and genetic and biological determinants
- Relationship level: high conflict or violent relationships, sense of isolation and lack of social support, family/ loved one's history of suicide, financial and work stress
- Community level: inadequate community connectedness, barriers to health care (e.g., lack of access to providers and medications)
- Societal level: availability of lethal means of suicide, unsafe media portrayals of suicide, stigma associated with help-seeking and mental illness
- Stage of development and impulsivity
- Gender

[Preventing Suicide: A Technical Package of Policy, Programs, and Practices \(cdc.gov\)](#)

10

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Warning Signs

- Feelings of Hopelessness
- Withdrawn
- Anger
- Increased Anxiety
- Increased depressive symptoms
- Romanticizing death
- Self-harm or Self-injurious behaviors
- Planning
- Giving away items
- Concerning internet searches on computer or cell phone
- Behavioral and or mood changes
- Feeling trapped
- Substance or Alcohol Use
- Intrusive thoughts

11

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Safety Concerns

- Assess for suicide
- SI with or without plan?
- Columbia-Suicide Severity Rating Scale (C-SSRS)
- Assess prior history
- Consider prior attempts, Self-injurious behaviors
- Access to means
- Guns, medications, substances

- Refer to Suicide hotline 1-800-273-8255

- Welfare check
- Call 911, request for mental health team if available
- Gather information
- Current location, name, number, reason for concern, request to be updated
- Speak to your manager about crisis process.

12

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Protective Factors

- Resources, community supports and/or people that are positive supports encouraging resiliency, strengthening healthy coping skills to minimize risk
- Positive, supportive friends/family
- Existing providers
- Future oriented/long term goals
- Spirituality
- Coping skills
- Outlook/perspective

13

SBIRT
SCREENING, BRIEF INTERVENTION, AND REFERRAL TO TREATMENT

Scoring the CRAFFT Screening Tool for Adolescents

ANSWERS	RISK	ACTION
Two "No" responses	Low Risk	Positive reinforcement
Two "Yes" responses	Strong/High Risk	Discuss safety plan (Treatment for BSI)
CRAFFT score = 0	Moderate Risk	Brief advice
CRAFFT score = 1	Moderate Risk	Brief intervention
CRAFFT score = 2	High Risk	Referral for further assessment

Parental ACEs and Related Life Events Screener (PEARLS)
CHILD - To be completed by caregiver

1. Do you have your child with a parent/caregiver who uses alcohol?
 2. Do you have your child with a parent/caregiver who has had mental health issues?
 3. Has a parent/caregiver ever had a mental health issue?
 4. Has a parent/caregiver ever been hospitalized or in a psychiatric hospital?
 5. Has a parent/caregiver ever been in jail or prison?
 6. Has a parent/caregiver ever been in a residential treatment center?
 7. Has a parent/caregiver ever been in a residential treatment center?
 8. Has a parent/caregiver ever been in a residential treatment center?
 9. Has a parent/caregiver ever been in a residential treatment center?
 10. Has a parent/caregiver ever been in a residential treatment center?

14

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Who does what?

Within the MCO

- Psychiatrist
- Psychologist
- Master level clinicians = BHA and FBCHA
- Non clinicians include PSS
- Nurses and Master level clinicians=Service Coordinators

Providers include:

- Psychiatrist
- APRN
- Psychologist
- Therapist
- LCDC
- Community Case Managers

15

What can we do as a Medicaid MCO

- Assess for ACE &SDOH in our assessments
- Accuracy of diagnosis
- Pediatric Office staff/Child Psychiatry Office – training assessment for ACE
- Adult advocacy – person child can utilize

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16

Treatment Modalities

- Outpatient
 - Individual
 - Examples: behavior modification, cognitive behavioral therapy (CBT), group, family, psychodynamic
 - Weekly and sessions can be several weeks to several years
- Outpatient higher level of care
- - IOP vs. PHP: what's the difference?
- - Intensity of symptoms however safe and in stable condition
- - Once completed returns to individual counseling
- - Further strengthen and reinforce coping skills
- Inpatient and RTC
 - - Short term acute (days/weeks) vs. Long term care (RTC)
 - - Highest level of care
 - - IP focuses on safety and stabilization
 - - RTC: removes from environment/triggers to have intensive therapy, 24/7 care

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17



JT

- JT is a 9 year old boy in 3rd grade who lives with his mother and 2 sisters
- JT is seen by his PCP due to a recent onset of the following symptoms :
- Aggression with sister and peers
- Midnight awakenings in a panic
- Poor appetite and notable weight loss
- Easily startled and agitated
- Crying episodes
- Grades falling

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18

PCP visit with Mary Assessment:

- Anhedonia (Loss of interest)
- Loss of concentration
- Depression
- Irritability
- Hopelessness
- Sexual acting out
- Smoking marijuana

Differential diagnosis:

- Depressive disorder, unspecified – less than 5 symptoms noted: Depressed mood, hopeless, poor concentration and loss of interest
- Cannabis use disorder

Plan:

Referral to a therapist

Pediatric ACEs and Related Life Events Screener (PEARLS)
CHILD - To be completed by Caregiver

At any point in time since your child was born, has your child seen or been present when the following experiences happened? Please include past and present experiences.
Please note, some questions have more than one part separated by "OR." If any part of the question is answered "Yes," then the answer to the entire question is "Yes."

PART 1: Please check "Yes" where appropriate.

1. Has your child ever lived with a parent/caregiver who went to jail/prison?
2. Do you think your child ever felt unsupported, unloved and/or unprotected?
3. Has your child ever lived with a parent/caregiver who had mental health issues?
(for example, depression, schizophrenia, bipolar disorder (PSO), or an anxiety disorder)
4. Has a parent/caregiver ever insulted, humiliated, or put down your child?
5. Has the child's biological parent or any caregiver ever had, or currently has a problem with too much alcohol, street drugs or prescription medications used?
6. Has your child ever lacked appropriate care by any caregiver?
(for example, not being protected from unsafe situations, or not cared for when sick or injured even when the resources were available)
7. Has your child ever seen or heard a parent/caregiver being screamed at, sworn at, insulted or humiliated by another adult?
8. Has any adult in the household ever hit your child so hard that your child had marks or was injured?
OR has any adult in the household ever threatened your child or acted in a way that made your child afraid that they might be hurt?
9. Has your child ever experienced sexual abuse?
(for example, anyone touched your child or asked your child to touch that person in a way that was unwanted, or made your child feel uncomfortable, or anyone ever attempted or actually had oral, anal, or vaginal sex with your child)
10. Have there ever been significant changes in the relationship status of the child's caregivers?
(for example, a parent/caregiver got a divorce or separated, or a romantic partner moved in or out)

How many "Yes" did you answer in Part 1?

This tool was created in partnership with UCSF School of Medicine. Please continue to find other tools for the rest of questionnaire. Child Assessment Report - updated

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22

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Treatment and Resources

- Differential diagnosis:
- **Depressive disorder, unspecified**
- less than 5 symptoms noted:
• Depressed mood;
• hopeless,
• poor concentration
• and loss of interest
- Cannabis use disorder

Plan:

- Referral to a therapist

23

Trauma & Adverse Childhood Experiences (A.C.E)

Definition:
A traumatic event is a frightening, dangerous, or violent event that poses a threat to a youth/child's life or bodily integrity. Witnessing a traumatic event that threatens life or physical security of a loved one can also be traumatic.

Types of Trauma

- Physical, sexual, or psychological abuse and neglect (including trafficking)
- Natural and technological disasters or terrorism
- Family or community violence
- Sudden or violent loss of a loved one
- Substance use disorder (personal or familial)
- Refugee and war experiences (including torture)
- Serious accidents or life-threatening illness
- Military family-related stressors (e.g., deployment, parental loss or injury)
- Vicarious or Bystander trauma

24

Post questions

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 - c. Psychologist
 - d. Licensed Professional Counselors (LPC)
 - e.All of the above

28

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Resources

- <https://www.liveandworkwell.com/content/en/public.html>
- <https://namitexas.org/>
- **Members with IDD resources**
- <https://thenadd.org/2021/05/17/nadd-and-nctsm-provide-new-resource-for-parents-and-caregivers-of-children-with-idd/>
- https://www.nctsn.org/sites/default/files/resources/traumatic_stress_and_children_with_developmental_disabilities.pdf
- [Mental Health Quiz \(cdc.gov\)](#)

29
