

Children's Mental Health Matters

October 12, 2010

Today's Presentation

- AMH Vision, Mission and Goals
- Health and mental health (promote wellness even when complex mental health needs are present)
- Developmental focus
- Intervening early alters the trajectory of a disorder, prevents secondary complications and supports normal development
- Importance of family and relationships
- Trauma informed services and supports
- System integration

AMH Vision

The Addictions and Mental Health Division (AMH) as part of the Oregon Health Authority, envisions a healthy Oregon where mental health disorders and addiction to substances and or gambling are prevented through education, early intervention and access to appropriate health care.

AMH Mission

- Mission of AMH: to assist Oregonians to achieve optimum physical, mental and social well being by providing access to health, mental health and addiction services and supports to meet the needs of adults and children to live, be educated, work and participate in their communities.
- How: by working in partnership with individuals and their families, counties, other state agencies, providers, advocates and communities to accomplish the following goals.

AMH Goals

- Improve:
 - the lifelong health of all Oregonians;
 - the quality of life for the people served;
- Reduce overall health care and societal costs through appropriate investments; and
- Increase
 - the availability, utilization, and quality of community-based, integrated health care services;
 - the effectiveness of the integrated health care delivery system;
 - the involvement of individuals and family members in all aspects of health care delivery and planning;
 - accountability of the health care system; and
 - the efficiency and effectiveness of the state administrative infrastructure for health care.

Child & Adolescent Mental Health Team Goals

- Improve the continuum of community based and intensive treatment services in accordance with Systems of Care values and principles to achieve best possible health outcomes and lower costs
- Develop a system for early identification of social, emotional, and mental health problems by collaborating with early childhood partners and promoting effective service provision
- Develop services for young adults in transition through the integration of both the adult and children's mental health systems

Child & Adolescent Mental Health Team Goals

- Meaningful family and youth involvement and peer delivered services and supports
- Use system data to guide system development
- Pursue grant development when relevant opportunities arise
- Monitor compliance with contracts and administrative rules and provide technical assistance to ensure that clinical standards are met and to promote quality assurance and program improvement

Bridging the Gaps - 2008

- Cultural competency
- Blended funding
- Early Childhood services
- Prevention and Early Intervention at all ages
- Transition Age Youth services
- Co-Occurring Disorder treatment
- Integration with Developmental Disabilities, Juvenile Justice, CAF, Education

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"We just haven't been flapping them hard enough."

Children's Mental Health Disorders

Biological causes:

- genetics (nature)
- prenatal and birth complications
- chemical imbalances in the body/brain
- damage to the central nervous system, such as birth trauma, or a head injury.

Children's Mental Health Disorders

Environmental factors (nurture):

- Exposure to environmental toxins
- Exposure to violence
- Stress related to chronic poverty, neglect, discrimination, or other serious hardships; and
- The loss of important people in a child's life

Children's Mental Health Disorders

- Attention Deficit Hyperactivity Disorder
- Bipolar Disorder
- Depression
- Eating Disorders
- Psychotic Disorders
- Anxiety Disorders
- Reactive Attachment Disorder
- Parent-Child Relationship Problem

Early Childhood Mental Health Disorders (OHP Treatment Guidelines)

In children age 5 and under

- ADHD - Unspecified Hyperkinetic Syndrome
- Mental Health Problems Related to Neglect or Abuse
- Disruptive Behavior Disorders--Unspecified Disturbance of Conduct
- Adjustment Reactions – PTSD
- Counseling for Parent-Child Problem, Unspecified
- Bereavement, Uncomplicated

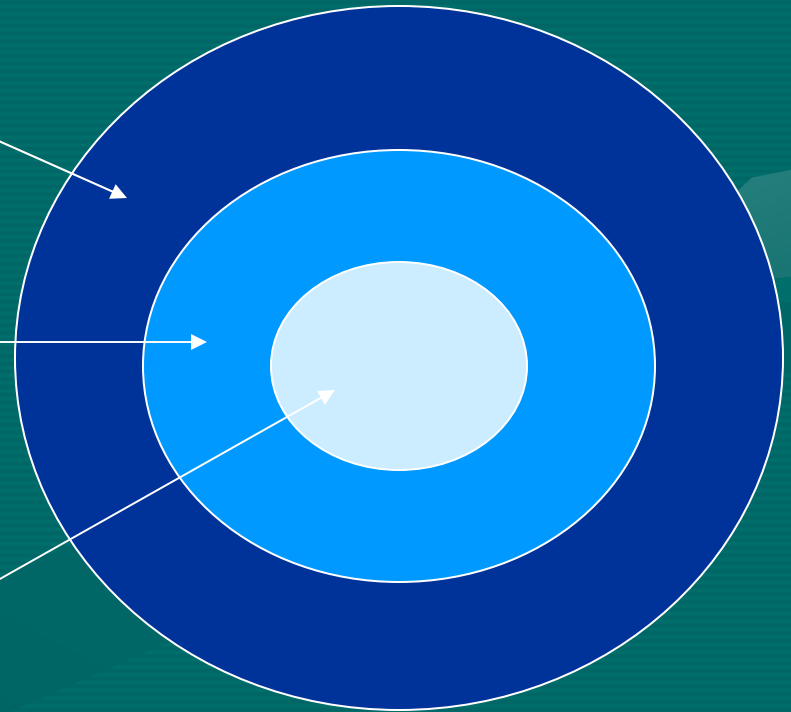
Prevalence of Serious Emotional Disorder (9-17 year-olds) Population Proportions

20% Youth with any
diagnosable disorder

This is roughly 5-6 kids in a
classroom of average size.

9-13% Youth with a serious
emotional disorder, with
substantial functional
impairment

5-9% Youth with a serious
emotional disorder & extreme
functional impairment



"Population Proportions"
Friedman, 1996, p. 36

Prevalence Research

- 12% - 22% children ages 0-8 \Rightarrow diagnosable mental or emotional disorder
- 1: 5 children with mental health conditions receive services
- Study: 1/2 of the individuals meeting criteria for a major *DSM-IV* diagnosis at age 26 first had a diagnosable disorder at 11-15 years of age, and 3/4 had a first diagnosis before 18 years of age.

Children's Mental Health

Untreated mental health disorders in children and youth:

- set a template that can and often does result in a person becoming an adult with mental health and/or addictions disorders.
- lead to school failure, family conflicts, addictions, violence, homelessness and suicide.
- are very costly to families, communities, the health care system, and society as a whole.

Children's Treatment System Focus

- Prevention and early intervention
 - Early Childhood Mental Health Consultation; Parent Child Interaction Therapy, Collaborative Problem Solving; Early Assessment and Support Alliance;
 - Addressing the impact of trauma on neurobiology
 - Understanding environmental and genetic health influences
 - Developmental considerations from prenatal to young adulthood
 - Working directly with families and youth through system involvement
 - SCIP and SAIP
- Work with System Partners

Perinatal Maternal Mental Health

- Work group created by the legislature to study maternal mental health and make recommendations.
- Covers a range of mood and anxiety disorders, including psychosis.
- Depression is the leading cause of disease-related disability in women and the most common serious complication of childbirth. 24 percent of new mothers (in Oregon) report symptoms of depression either during or after pregnancy.
- Report available at:
www.oregon.gov/dhs/ph/ch/maternal_mental_health.shtml

What is Parent Child Interaction Therapy?

- evidence based
- short term, intensive treatment program designed to work with the parent-child dyad
- enhance the quality of the relationship and to teach parents skills to manage their child's severe behavior problems.

Dual Focused Therapy

Child Directed Interaction (8-12 sessions)

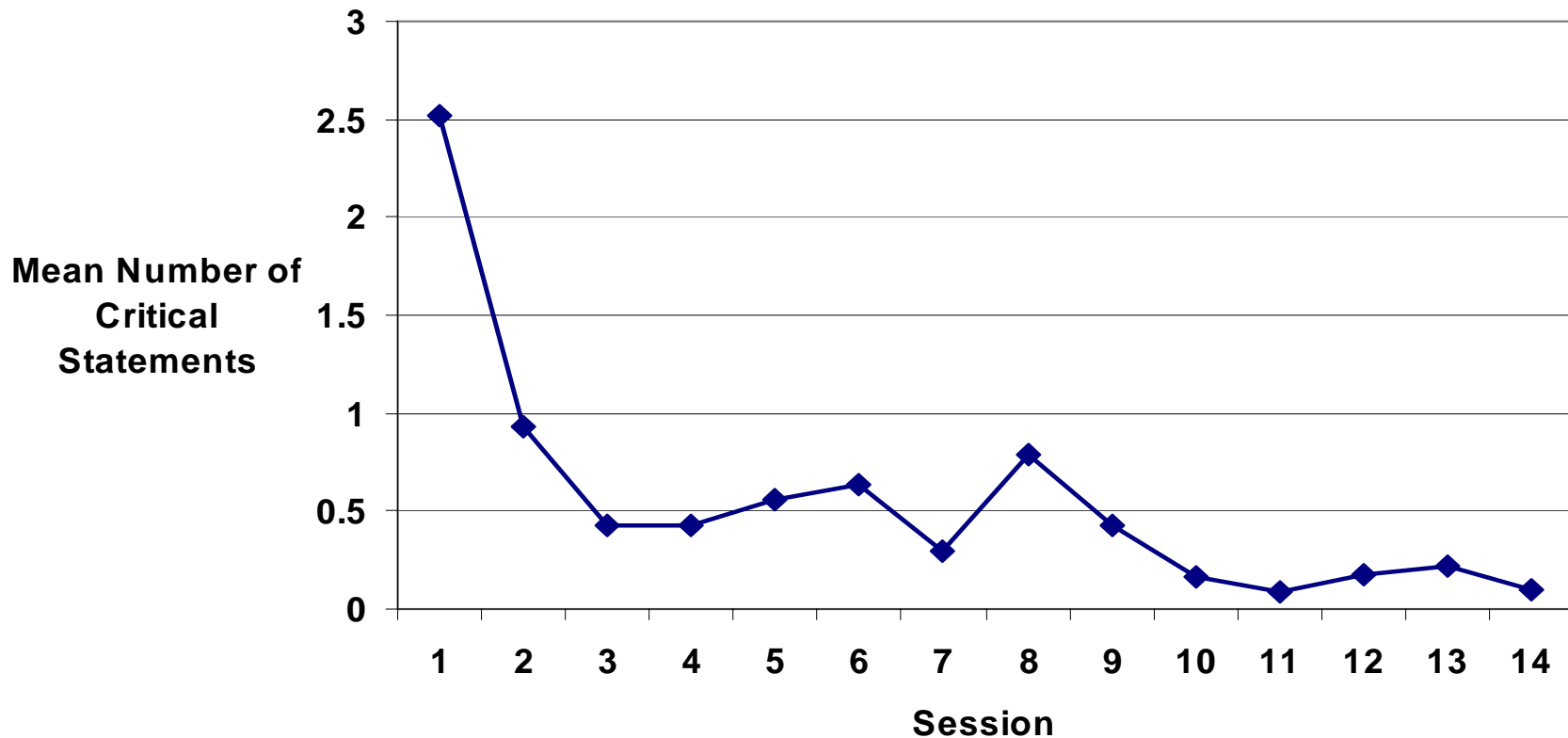
Relationship stage

Parents' Directed Interaction (5-8 sessions)

Discipline stage

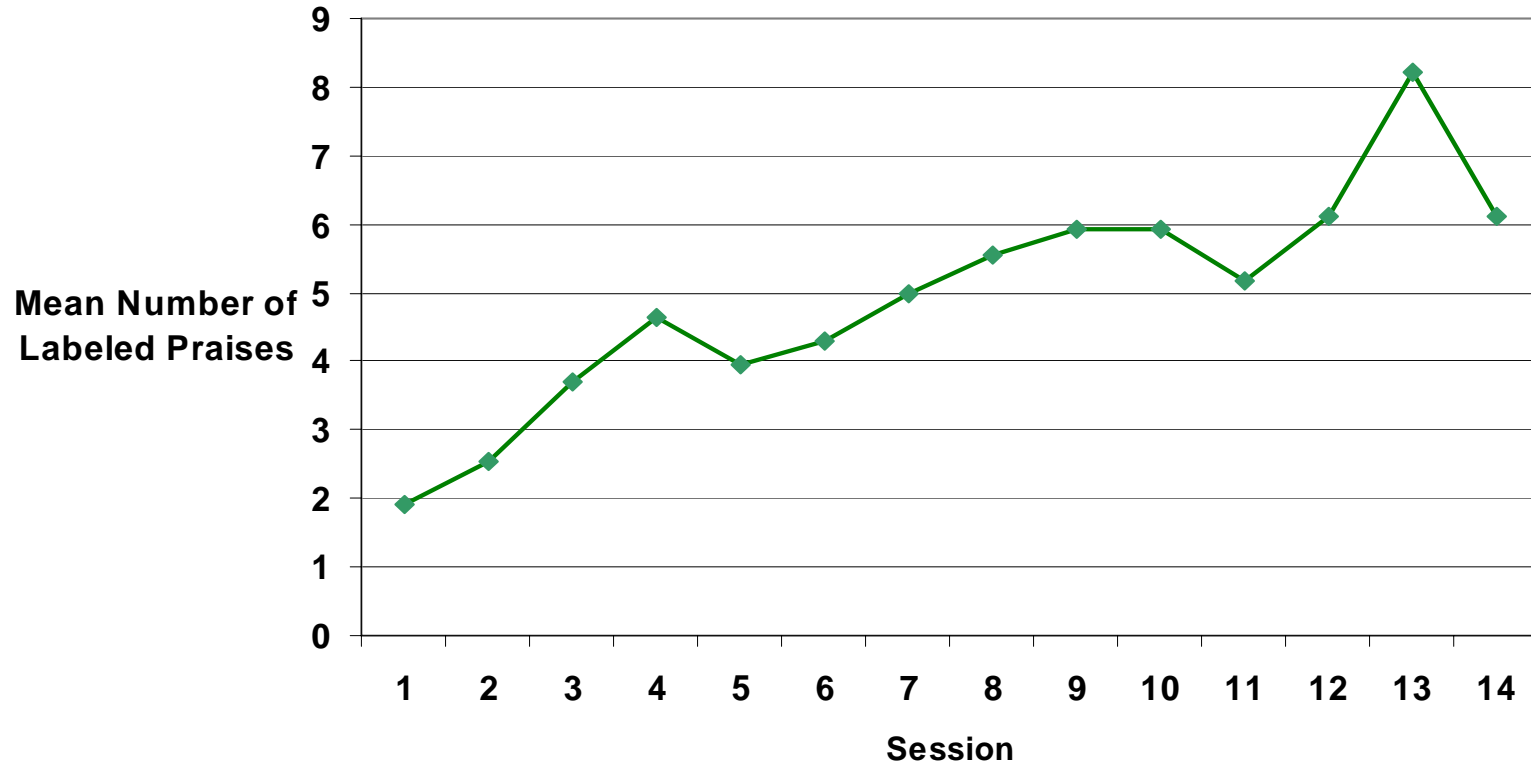
Critical Statements tend to decrease with time

**Change in Mean Number of Critical Statements / Negative
Talk, From Session 1 to Session 14**



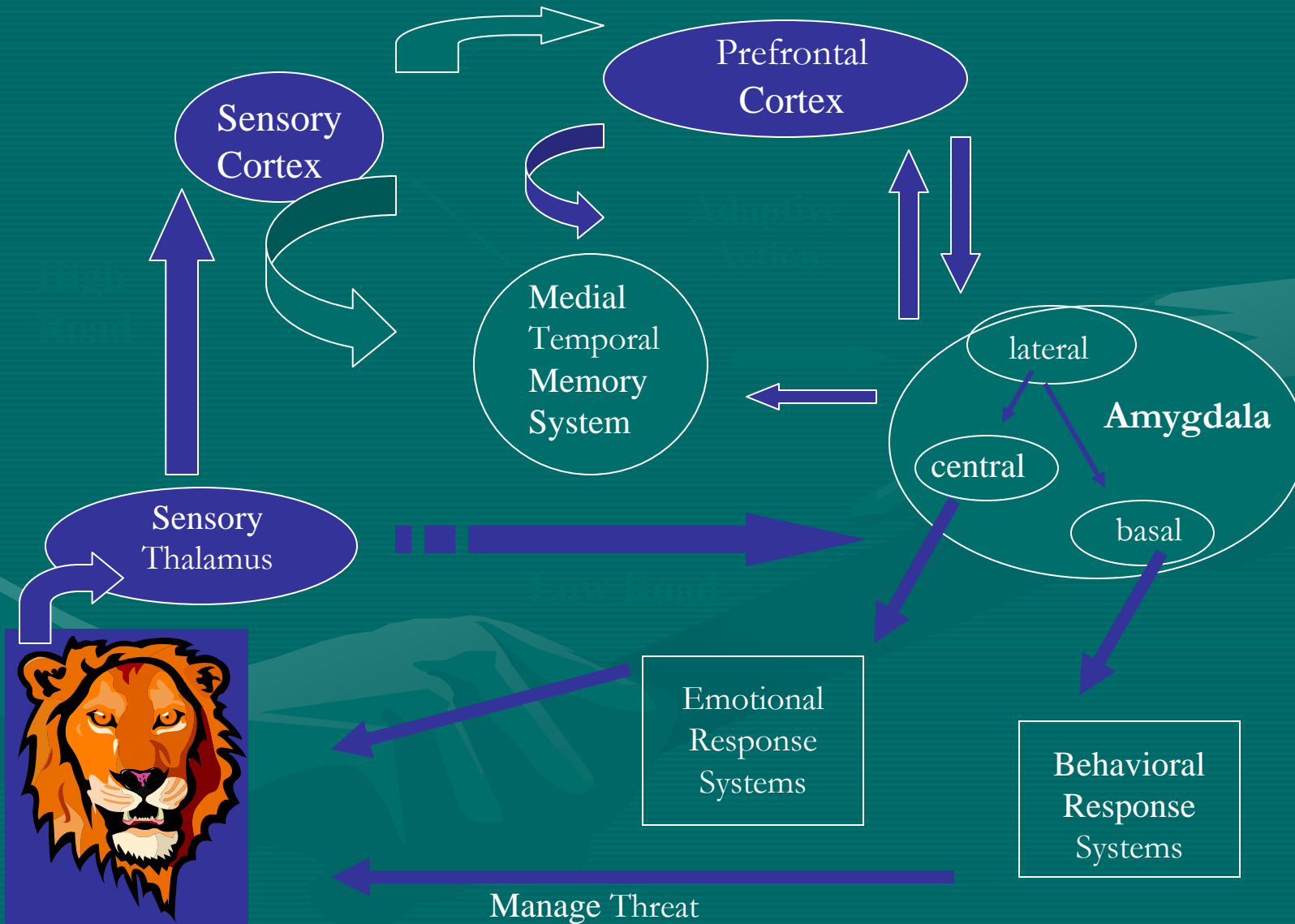
Labeled Praises tend to increase with time

Change in Mean Number of Labeled Praises,
From Session 1 to Session 14



For a child who has experienced chronic threats, chaos, violence or abuse, the result is that their brain exists in a persistent state of fear, which in turn affects their ongoing brain development.

1. Stimulus
2. Sensory Processing
3. Contextual Processing
4. Consciousness
5. Emotional / Behavioral Response Systems.



A crucial element to working with children with lagging skills is understanding that the result of developmental interruption or delay manifests itself in tangible behavior.

A child's anger or aggression, frustration, inflexibility or social competency is often linked to a developmental cause and is not an intentional act.

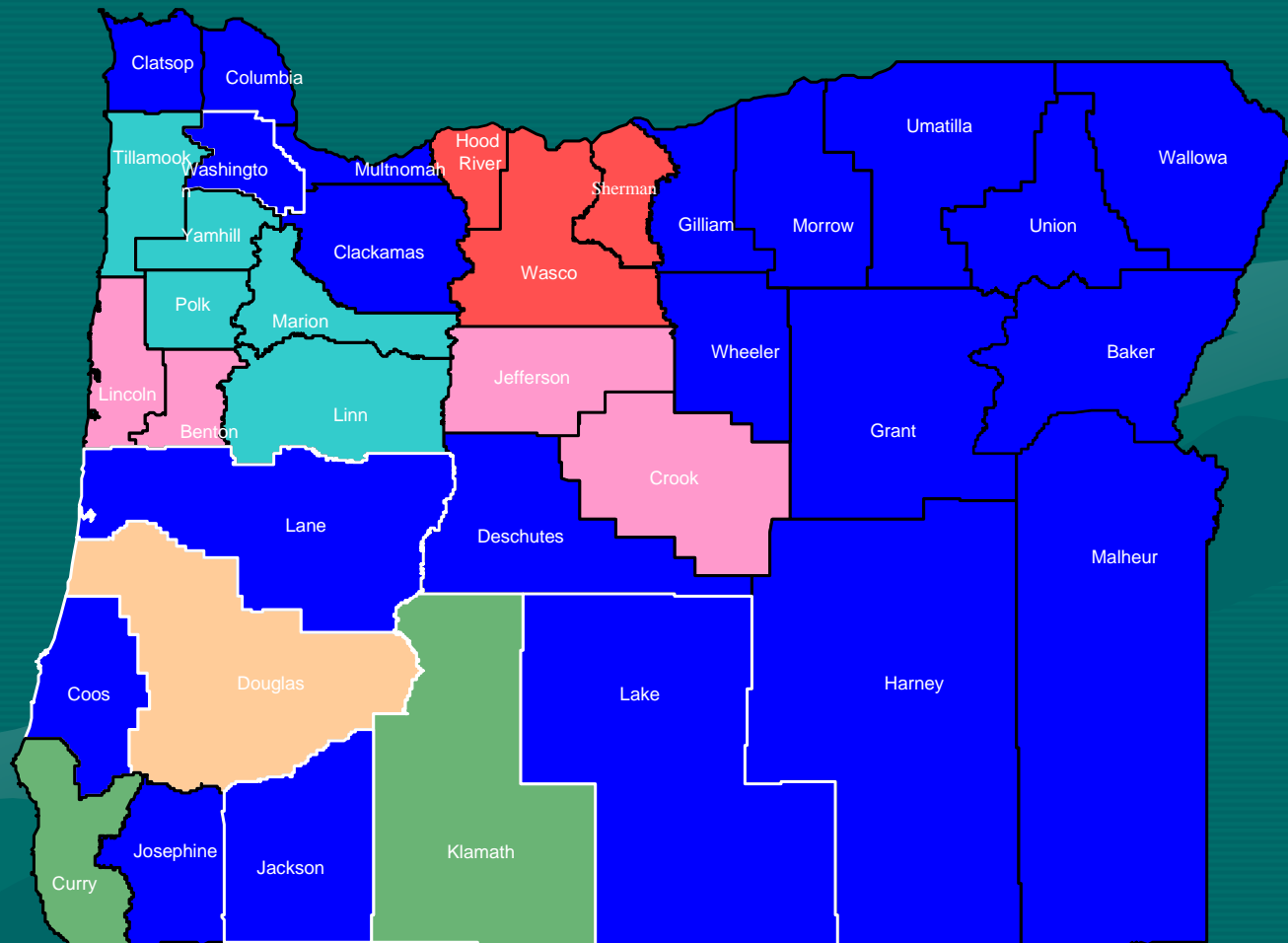


Explosive Child and Lagging Skills

When adults
rethink
challenging kids,
amazing things
can happen.



Capacity Building Projects September 2010

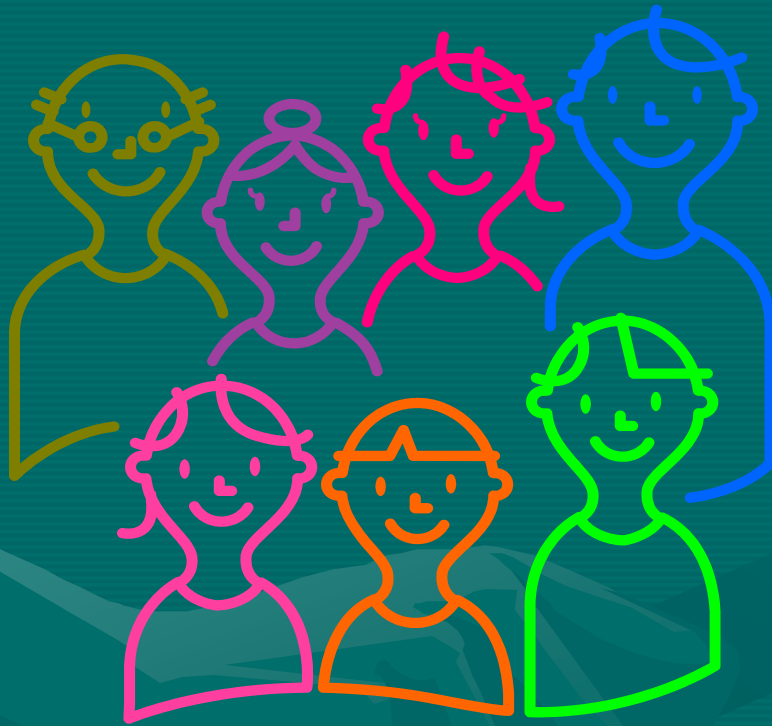


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*“Sometimes I think the collaborative process
would work better without you.”*

Statewide Children's Wraparound Initiative Demonstration Projects



- Continuous Care Coordination
- Service Coordination Planning
- Child & Family Teams

Statewide Children's Wraparound Initiative Goals

- Family and youth-driven system
- Integration of all child-serving systems
- Combined funding
- Culturally competent planning, services and oversight
- Ensuring that children and adolescents are “at home, in school, out of trouble and with friends”

Statewide Children's Wraparound Initiative Target Population

Phase 1

- children in the custody of DHS for more than one year and who have had at least 4 placements,
- also inclusive of children who have behavioral, emotional and/or mental health conditions severe enough to warrant direct entry into the service system at a high level of care.

Project Demonstration

Three Sites

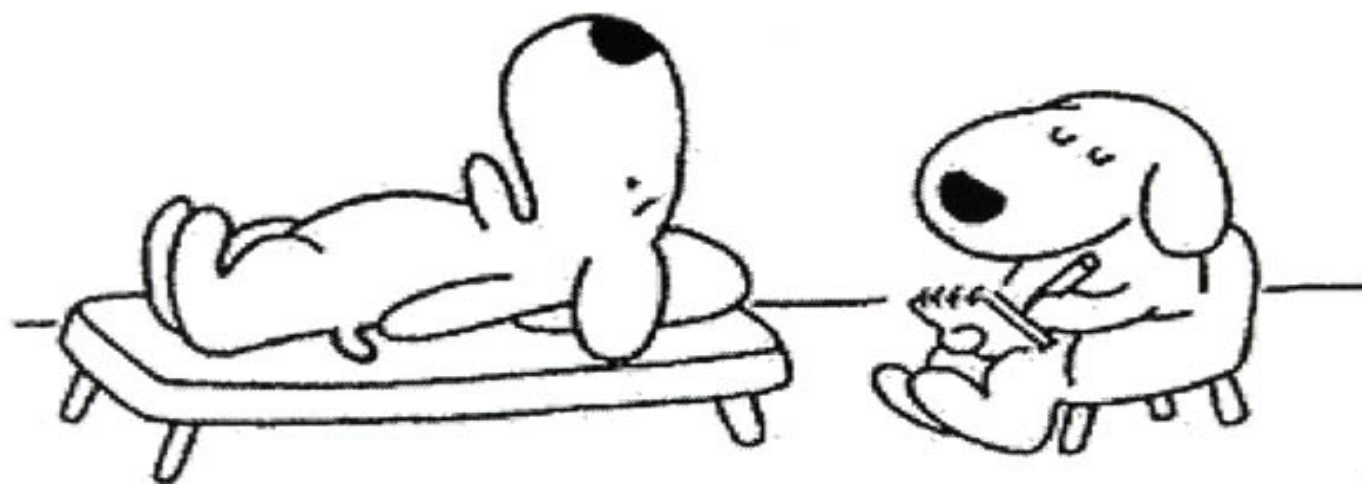
- Washington County Wraparound
- Mid-Valley WRAP: Marion, Linn, Polk, Tillamook and Yamhill counties
- Rogue Valley Wraparound Collaborative: Jackson and Josephine counties

Young Adults in Transition

The New Adulthood

- Bachelor's degree is the economic equivalent of high school degree in the 60's
- Fewer opportunities to earn incomes that allow for independence (with college degree)
- Average age of independence in the US is **27**.
- Unaffordable housing
- More dependence on families for longer time

(Settersten, Furstenberg & Rumbaut, 2004)



C. Barsotti

"They moved my bowl!"

Developmental Age vs. Chronological Age

- The goal of most interventions focus on “helping” the youth “act their (chronological) age”.
- Interventions that are not developmentally focused may cause frustration for staff and clients.
- Brain development continues into people’s mid-twenties.
- People with developmental interruptions and/or Fetal Alcohol Spectrum Disorders often have uneven growth and development in different areas.
- Developmental immaturity may be a symptom of a disability (lagging skills) rather than irresponsibility.

Young Adult Driven

Services are collaboratively designed with young adults to ensure that they are offered in a manner young adults find **meaningful** and to **enhance the relevance to their lives.**

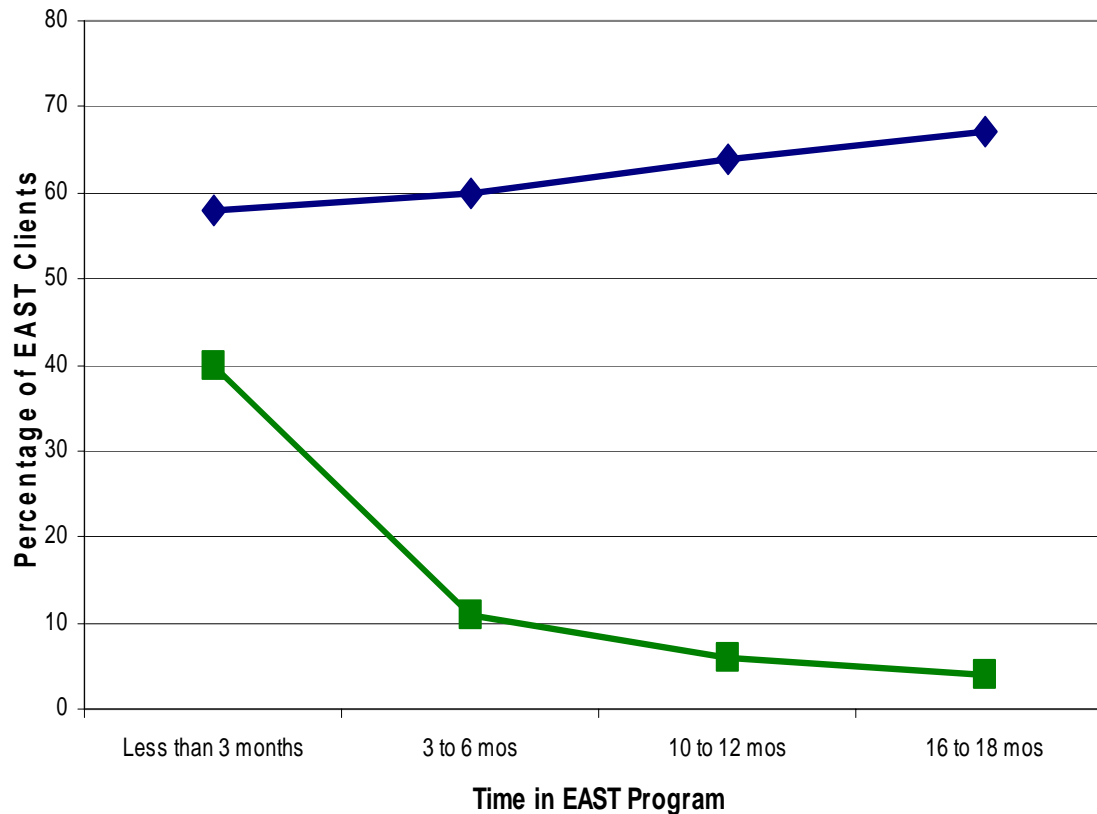
Services and supports and functional expectations or goals are **matched to each individual's stage of development** which will not be uniform across all areas of adult life skills.

Early Assessment and Support Alliance

- EASA is the statewide dissemination of the EAST Program (Early Assessment and Support Team) funded by the Oregon Legislature in the 2007 session.
- Developed by MVBCN in 2001, the EAST Program supports teens and young adults who have recently developed symptoms of schizophrenia and related psychotic illness, such as hallucinations, delusions and inability to process information.

Early Intervention Reduces Hospitalizations and Keeps Young People in Work and School: EAST Data: 2002-2008

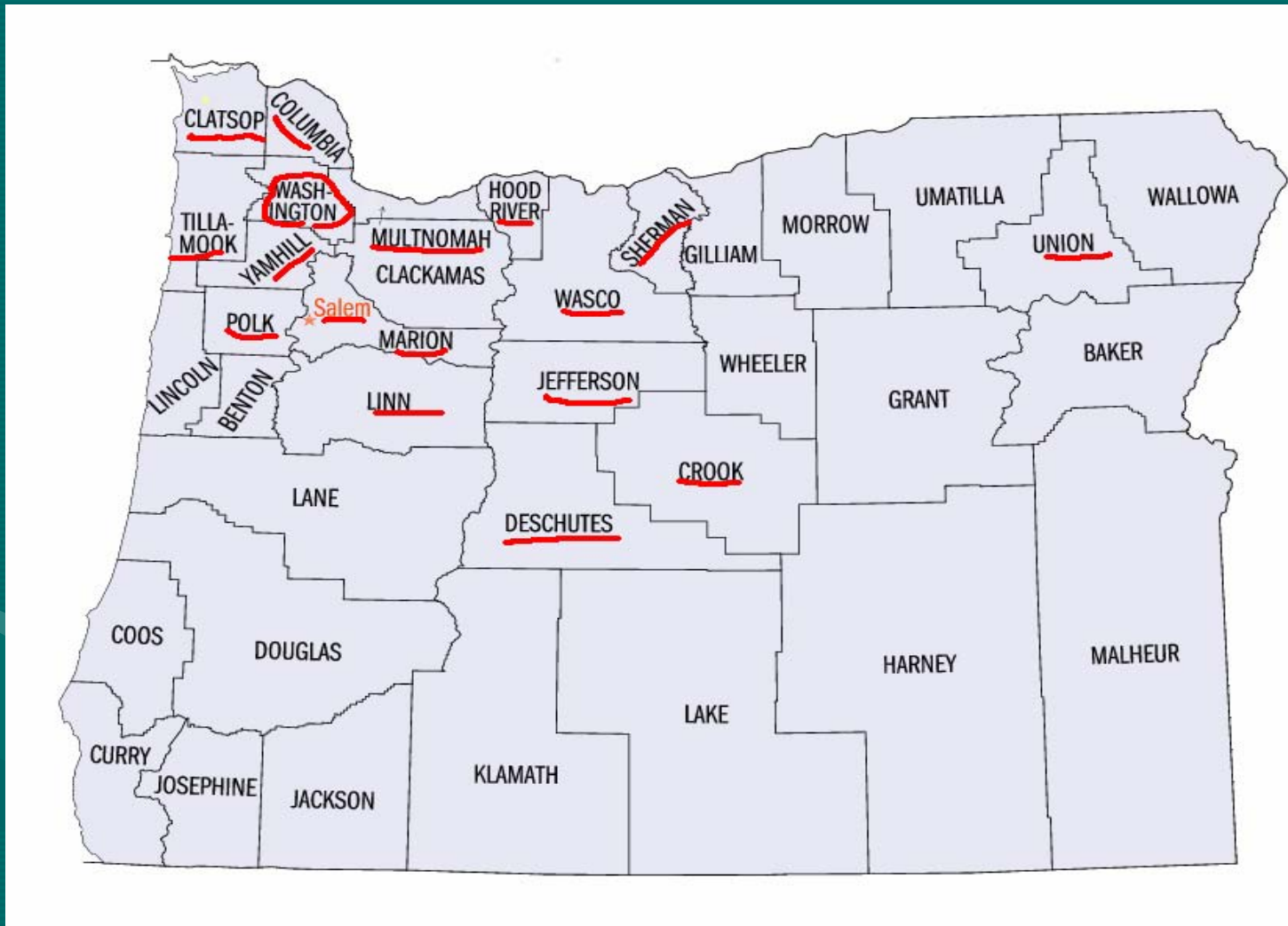
Hospitalization, School and Work by Time in the EAST Program (2002-2008)



EAST Since March 2001

- **Approx. 400** served
- **Over 800** referred & assisted
- **74%** symptom remission or only mild disruption by 1 year after entering
- **95%** maintain strong family support & involvement
- Services and supports take place in young adults' home community

Early Assessment and Support Alliance



Children's Team Focuses on Value in Health Care

- Integrating mental health with overall health by integrating social determinants into care
- Developmental focus improves quality of care
- Intervening early improves outcomes and lowers costs of care¹
- Importance of family involvement promotes engagement of those served and provides opportunity for them to drive the care
- Trauma informed services and supports improve outcomes and lowers costs of care over time
- System integration with all child-serving systems: earlier and better quality interventions which are less costly and have better outcomes.

¹An estimate cited in the recently released SAMHSA Strategic Initiatives puts the total economic costs of mental, emotional and behavioral disorders AMONG YOUTH in the US at approximately \$247 billion.

Children's Team

- **Bill Bouska** - Manager
- **Nancy Allen** - JPSRB, Young Adults in Transition
- **Kathleen Burns** - Wraparound (Washington County)
Block Grant, Data Integration, Wellness
- **Deborah D'Amico** – Unit Support
- **Rita McMillan** - Residential and Day Treatment Facilities,
Collaborative Problem Solving, Child Trauma Academy
- **Matthew Pearl** - MHO's, Wraparound (Rogue Valley), CMHP's
- **Judy Rinkin** - Family and Youth Involvement, Peer Delivered Services
- **Damien Sands** -Young Adults in Transition, EASA
- **Kathy Seubert** - Early Childhood; Child Trauma Academy
- **Nancy Winters, M.D.** – provides Medical Direction
- **AMH Cross-team members:**
Diane Lia, Justin Hopkins, Marion David