

# Adolescent Mental Health Overview

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If adults who work with youth understand the demographic characteristics and diversity of adolescents, they can do a better job of planning and delivering health services to this population



# Where adolescents live (U.S.)

- **19.6 million**      **Suburban**
- **10.9 million**      **Urban**
- **5.5 million**      **Rural**

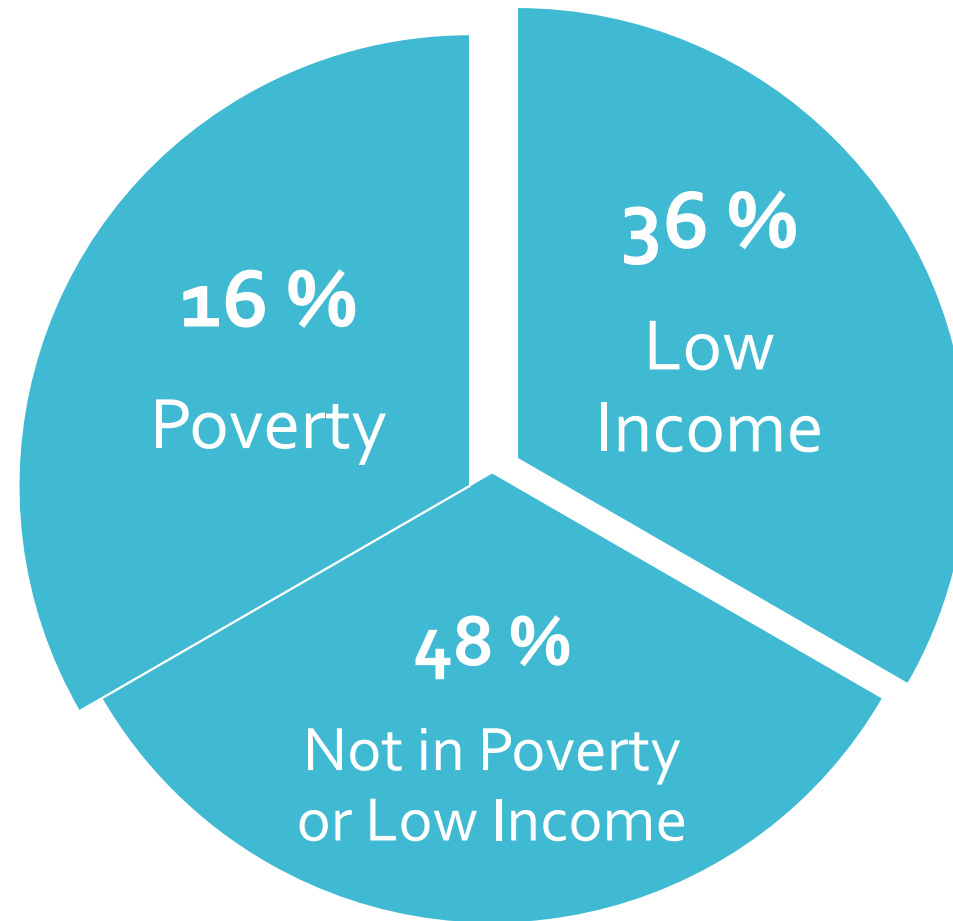


# Changing Race/Ethnicity of America's Adolescents

- Adolescence make up 12.9 % of the U.S population (41.7 million) and is expected to grow but will decrease as a percentage of the projected U.S. population (43.9 million) to 11.3 % in 2050.

Hispanic	2016	XXXXXX	23.5 %
	2050	XXXXXXXX	30.3 %
White	2016	XXXXXXXXXXXX	53.0 %
	2050	XXXXXXXXXX	40.8 %
Black	2016	XXXX	13.8 %
	2050	XXXX	13.8 %
AIAN	2016	X	.9 %
	2050	X	.7 %
Asian	2016	XX	5.0 %
	2050	XXX	7.3 %
HPI	2016	X	2.0 %
	2050	X	2.0 %
Two or More Races	2016	XX	3.6 %
	2050	XXX	7.0 %

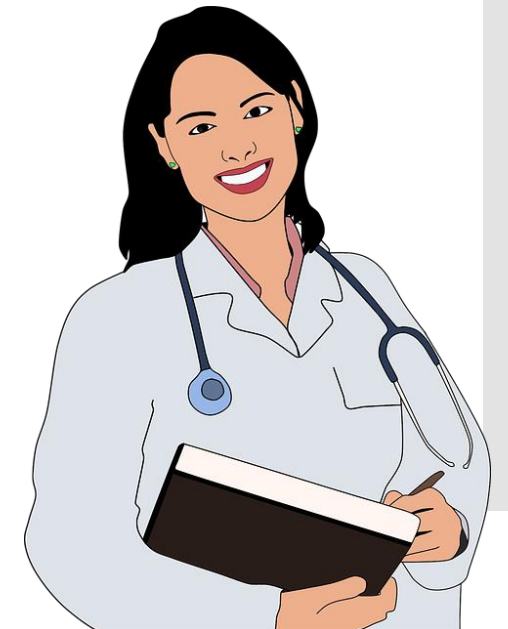
## Poverty and Low Income (U.S. Adolescents)



# How do adolescents access Mental Health care?

## In a Variety of Settings

- In **2016**:
  - 3.6 Million Psychiatrist, Psychologist, or Counselor in a specialty mental health setting.
  - 3.2 Million Counseling services in behavioral health program in an educational setting.
  - 708,000 Pediatrician or Family Physician



# Continuum of Care

**Office or outpatient**

**Intensive case management**

**Home-based treatment services**

**Family support services**

**Day treatment program**

**Partial hospitalization (day hospital)**

**Emergency/crisis services (C.A.R.E.S.)**

**Respite care services**

**Therapeutic group home or community  
residence**

**Residential treatment facility**

**Hospital treatment**





## Barriers to treatment

- In 2016, only 41 % of the 3.1 million adolescents who experienced depression with the past year received treatment due to:
  - Stigma and cultural norms
  - Shortage of psychiatrists (approx. 1:1,807 ratio)
  - Do not need parental consent once they are 18
  - Females more likely than males to seek treatment
  - Younger than 16 more likely to receive in educational setting
  - White youth more likely to receive services compared to youth of color
  - Asian less likely than other cultures to receive mental health services
  - Hispanic population is more underserved than black or white cultures
  - LGBTQ youth have higher rates of mental health diagnoses
  - 21 % of youth in poverty have mental health disorders
  - Youth with insurance coverage more likely to receive services
  - Adolescents in rural areas are less likely to receive services from a physician or pediatrician
  - 50 % youth in the child welfare system and 70 % youth in the juvenile justice system, have a diagnosable mental health disorder
  - Children in foster care have a substantially greater risk of experiencing mental health disorders, especially those connected with traumatic stress, such as abuse and neglect.

Source: SAMHSA, American Academy of Child & Adolescent Psychiatry, Lipari, R.N., Hedden, S., Blau, G., & Rubenstein, L. (2016). Mustanski, B.S. Garofalo, R., & Emerson, E.M. (2010), U.S. Dept. of Health and Human Services (2014).



# Erik Erikson's

## Stage 5 of Development

12-18 years

- Identity vs Role Confusion
  - Social Relationships
    - Teens need to develop a sense of self and personal identity. Success leads to an ability to stay true to yourself, while failure leads to role confusion and a weak sense of self.



# Common Mental Health Warning Signs

- Diagnosing adolescence may be challenging due to variations in symptoms. Variations noticed include types of symptoms, duration, and intensity. According to NIMH, a teen might need help if they:
- Often feel very worried or angry
- Have difficulty sleeping or eating
- Lose interest in activities that they usually enjoy
- Isolate themselves and avoid social interactions
- Feel grief for a long time after a loss or death
- Use alcohol, tobacco, or other drugs
- Obsessively exercise, diet, and/or binge eat
- Harm others or themselves (burning or cutting their skin) and/or destroy property
- Have no or low energy
- Feel like they cannot control their emotions
- Have thoughts of suicide
- Think their mind is being controlled or hear voices



Source: National Institute of Mental Health



## Other types of Mental Health that require specialized treatment

- ADHD
- Eating Disorders
- Substance Use
- Co-Occurring Disorders (mental health and substance use disorder at the same time)
  - People with mental health disorder more likely to abuse substances
  - Youth who have experienced major depressive episode are twice as likely to start using substances.
  - Requires an integrated treatment approach due to its complexity

Current research is focused on:

the role of trauma and toxic stress

factors that promote resilience in the face of challenges

interventions such as mindfulness meditations

# Research focus

- Current research is also focused on studying relationship between childhood activities and biology and how this interaction can affect the child's brain development and ultimately, social, behavioral, academic, health and other outcomes.
- Understanding the role of medications
  - PMD or Psychiatrist
    - Medications require going through several trials before settling on the most effective medication or combination of medications for the individual.
    - Can be stressful and expensive for families
    - Much funding is going into evaluations of the effectiveness of various treatment and services.





## What's the Gold Standard?

- **Best practice** is practicing within the scope of expertise and credentials, and using evidenced based interventions and treatment approaches. It includes Holistic system of care including:
  - physical (adolescent hormonal changes and development,
  - cognitive (changes in the way the brain functions),
  - emotional (how adolescents process emotions and stress),
  - social (changes in familial, social, and romantic relationships)
  - morals and values ( how adolescents regard their place in the world)

# What is important?



- Learning adolescence is a time of **enormous transition**
- Learning what are changes that are **normal and necessary** part of adolescence
- Learning different **ways** that adolescents experience these changes and the reasons why
- Learning how we adults can support youth's optimal health and development by **guiding and helping** them build the skills and insight they need to thrive in the future.

Source: [www.hhs.gov/ash/oah/adolescent-development/explained/](http://www.hhs.gov/ash/oah/adolescent-development/explained/)

# Mental Health in COVID-19

- **Telehealth has its good and not so good parts**
- What we have learned:
  - Don't assume clients are home or home alone
  - Not all agencies are ok with all the venues (e.g. computer video, phone)
  - Following agency specific guidelines



# Challenges with Telehealth



- Privacy considerations
- Additional opportunities for distractions
- Technology challenges (slow internet)
- Engagement challenges (body language, rapport building)



# Benefits to telehealth

- No physical contact during COVID-19
- More accessible to clients in rural areas
- Reduced stigma and delays to care
- Flexible hours
- Reduced need for time off from work/school



# Meeting the challenges

- Approximately 70% of a successful outcome depends on the therapeutic relationship/alliance
- Approximately 30 % is attributed to evidenced base interventions
- Shared bonds, goals, tasks
- Mutual trust, respect, flexible time, empathy, no value judgements
- Strength-based focus, solution focused interventions, evidence-based approaches



Help is  
available

- Spectrum Emergency Line 716.710.6172
- Spectrum Crisis Counselor Text Line 741741 US & Canada
- Spectrum C.A.R.E.S. Teens & Children Crisis Line
- Crisis Services Erie County 716.834.3131
- Addiction Help 716.831.7007
- Kids Helpline 716.834.1144
- Domestic Violence Hotline Erie County 716.862-HELP
  - For Shelter 716.884.6000



**THANK YOU!!!**