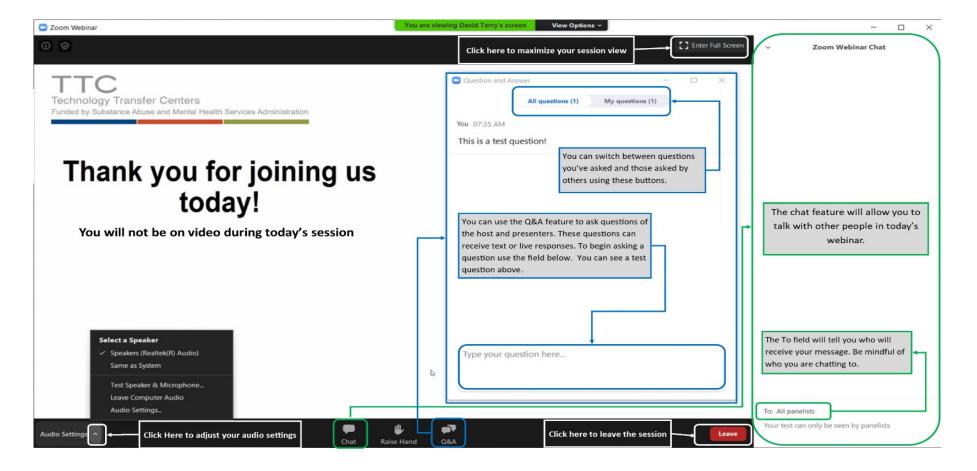
The Zoom Interface



All attendees are muted. Today's session will be recorded.

Post-Pandemic Impacts on School-Age Youth Mental Health

Sonia Rodrigues, MA, LPC, LMFT, LCADC, ACS Suzi Millar, PsyD

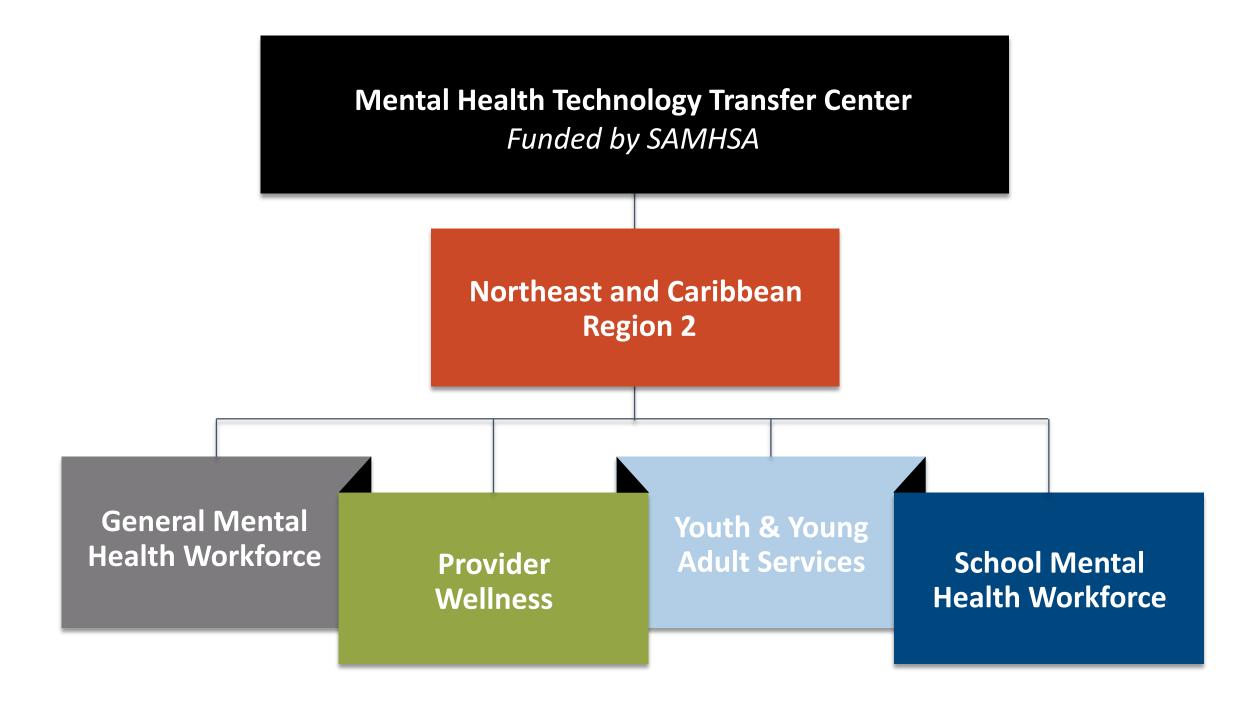
Rutgers School and Community Based Programs February 29, 2024





Northeast and Caribbean (HHS Region 2)

Mental Health Technology Transfer Center Network
 Funded by Substance Abuse and Mental Health Services Administration





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 Mental Health Technology Transfer Center Network

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EPBs for serious mental health conditions	Wellness & Recovery for Providers and people with mental health conditions
	I
School Mental Health Comprehensive, multi- tiered services & supports	Hispanic and Latiné mental health education

Online Education Courses

Wellness Matters, IMR, Functional Thinking & more

Services Available

No-cost training, technical assistance, and resources





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Our funding comes from the Substance Abuse and Mental Health Services Administration (SAMHSA), which requires us to evaluate our services. We appreciate your honest, ANONYMOUS feedback about this event, which will provide information to SAMHSA, AND assist us in planning future meetings and programs.

Feedback about this training will assist us in developing future trainings that are relevant to your professional needs. Therefore, your feedback counts!

Northeast and Caribbean (HHS Region 2

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Please Note:

We will be recording this webinar and posting it to our website along with the presentation slides and any relevant resources.

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At the time of this presentation, Miriam Delphin-Rittmon served as Assistant Secretary for Mental Health and Substance Use at SAMHSA. The opinions expressed herein are the views of the speakers, and do not reflect the official position of the Department of Health and Human Services (DHHS), or SAMHSA. No official support or endorsement of DHHS, SAMHSA, for the opinions described in this presentation is intended or should be inferred.

This work is supported by grant H79SM081783 from the DHHS, SAMHSA.

Your Interactions With Us

Question and Answers

- Q & A will occur at the end of the call.
- Type your questions in the Q & A feature in Zoom located on the task bar (hover over task bar).
- Note: your question may be visible to other participants.

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- Throughout the webinar, we will be asking for your input.
- Use the Chat or Poll features in Zoom located on the task bar.
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The MHTTC Network uses affirming, respectful and recovery-oriented language in all activities. That language is:

STRENGTHS-BASED AND HOPEFUL

INCLUSIVE AND ACCEPTING OF DIVERSE CULTURES, GENDERS, PERSPECTIVES, AND EXPERIENCES

NON-JUDGMENTAL AND AVOIDING ASSUMPTIONS

INVITING TO INDIVIDUALS

PARTICIPATING IN THEIR

OWN JOURNEYS

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Adapted from: https://mhcc.org.au/wp-content/uploads/2019/08/Recovery-Oriented-Language-Guide_2019ed_v1_20190809-Web.pdf

988 SUICIDE & CRISIS **LIFELINE**

For people experiencing:

- Suicide, mental health, substance use crisis
- Emotional distress
- People concerned about someone in crisis

Meet Today's Presenters





Suzi Millar, PsyD Rutgers School and Community Based Programs Program Director

OBJECTIVES



Provide an overview of the prevalence of mental health challenges among youth before and after the COVID-19 pandemic.



Examine specific groups of youth that may be more vulnerable to mental health challenges post-pandemic.



Explore pandemic-related changes in behavior patterns and coping mechanisms adopted by youth, including the role of technology.



Describe ways in which schools can identify students who experience persistent challenges and implement school-based programs to best support these youth.





If I could give my students/clients one thing it would be?

(i) Start presenting to display the poll results on this slide.

Understanding the Scope of the Issue

• How does the prevalence of mental health issues differ among youth before and after the COVID-19 pandemic?

Same storm, different boats.



Challenges our children faced throughout the pandemic

- Changes in structure and routines
- Fear and Worry regarding:
 - Safety of Self and Others
 - What the future holds
 - 29% had a caretaker who lost their job
- Loss of significant life events
- Loss of Loved Ones
 - Over 200,000 children lost a caregiver
- Loss of security and safety
 - 55% experienced emotional abuse by caregiver
 - 11 % experienced physical abuse by caregiver
- Social Isolation
- AND Social and Political Unrest



What are we seeing in children now?

Symptoms

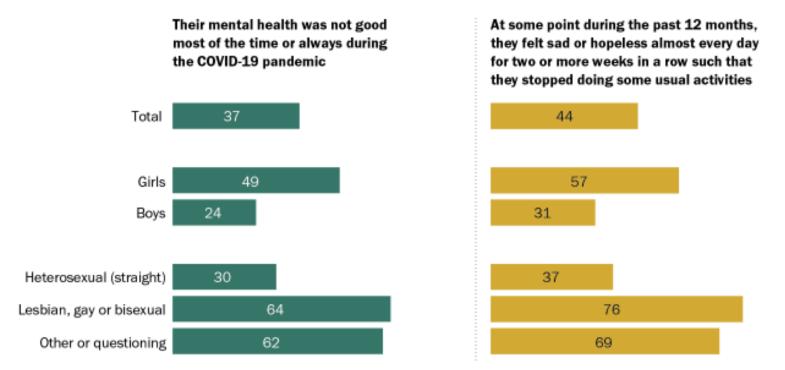
- Depression
- Anxiety
- Low Self Esteem
- Difficulty with Peer relationships
- Anger and Behavioral concerns
- Eating Disorders

Environmental Stressors:

- Family Stressors
- Academic Difficulties
- Transitions Issues
- Abuse
- Trauma

Among U.S. high schoolers in 2021, girls and LGB students were most likely to report feeling sad or hopeless in the past year

% of high school students who said ...



Note: High school students include those who attend public and private schools. Poor mental health includes stress, anxiety and depression. Differences between LGB and other or questioning high schoolers are not statistically significant. Source: Centers for Disease Control and Prevention, January-June 2021 Adolescent Behaviors and Experiences Survey.

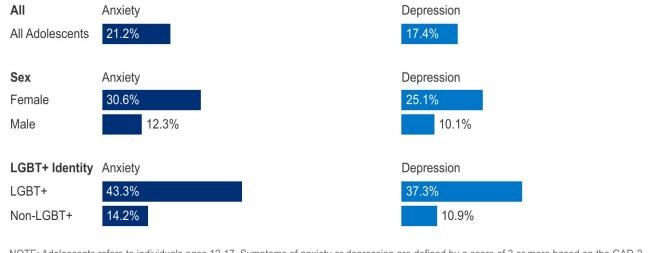
PEW RESEARCH CENTER

According to the CDC...

- Adolescent Behaviors and Experiences Survey (ABES) was provided to 7,705 students throughout the US in January-June of 2021. They found –
 - 1 in 3 High School students reported poor mental health
 - 50% of students reported feeling persistently sad or hopeless

Figure 1

Share of Adolescents Reporting Symptoms of Anxiety or Depression in the Past Two Weeks by Sex and Sexual Identity



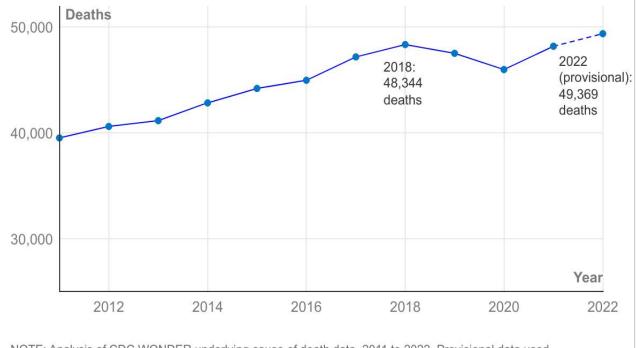
NOTE: Adolescents refers to individuals ages 12-17. Symptoms of anxiety or depression are defined by a score of 3 or more based on the GAD-2 and PHQ-2 scales, respectively. Data reflects symptoms experienced during the last two weeks. LGBT+ includes respondents who selected gay or lesbian, bisexual, something else, not sure/don't know when asked about their sexual orientation; and/or respondents who described their current gender identity differently from their sex assigned at birth.

SOURCE: National Health Interview Survey — Teen, July 2021 - December 2022.

Figure 1

Number of Deaths Due to Suicide, 2011 to 2022

2022 CDC data is provisional



NOTE: Analysis of CDC WONDER underlying cause of death data, 2011 to 2022. Provisional data used for 2022 is not yet final and may represent incomplete data for that year that is subject to change. Suicide deaths are identified using the following codes: X72-X74, U03, X60-X71, X75-X84, and Y87.0) It is possible that some suicides may be classified under other categories. SOURCE: KFF analysis of CDC WONDER data, 2011 to 2022

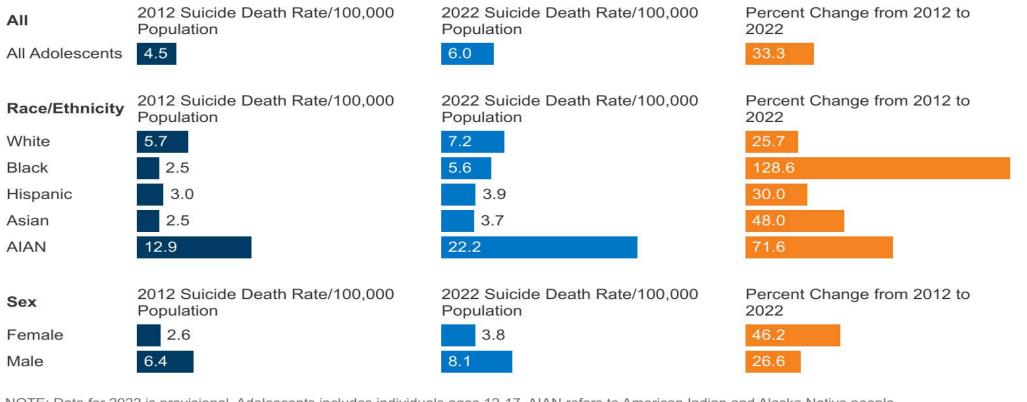
Suicide Rates on the rise

• ABES found that

- 12% of female and 5% of male students reported a suicide attempt in the past year
- 25% of LGB youth compared to 5% of students identifying as heterosexual reported a suicide attempt.
- Gun related suicide and homicide deaths in youth has increased.
 Firearms are leading cause of death in children under 17.

Figure 4

Suicide Death Rates Among Adolescents, by Race/Ethnicity and Sex, 2012-2022



NOTE: Data for 2022 is provisional. Adolescents includes individuals ages 12-17. AIAN refers to American Indian and Alaska Native people. Persons of Hispanic origin may be of any race but are categorized as Hispanic for this analysis; other groups are non-Hispanic. Suicide deaths were classified using the following ICD-10 death codes: U03, X60-84, Y87.0.



SOURCE: KFF analysis of CDC National Center for Health Statistics, Provisional Mortality on CDC WONDER Online Database, 2018-2022.

Anxiety Trends in Youth

- Anxiety Disorders, as a group, are the most common mental illnesses that occur in children and adolescents
- The estimated 'lifetime prevalence' of any anxiety disorder in studies with children and adolescents is about 15-20%
- Anxiety rates increased from about 11.6% in 2012 to 20.5% in 2022.
- Children with anxiety are 3x more likely to develop depression



Depression Trends in Youth

- Depression rates among children increased from 3.2% in 2018 to 15.08% in 2022.
- Having another disorder is most common in children with depression: about 3 in 4 children aged 3-17 years with depression also have anxiety (73.8%) and almost 1 in 2 have behavior problems (47.2%) (Ghandour et al., 2018).



Students receiving treatment

According the Child Mind Institute's Child Mental Health Report:

- 80% of children with a diagnosable anxiety disorder
- 60% of children with diagnosable depression

are not getting treatment.

Left untreated, children with anxiety and depression are at higher risk to develop behavioral issues, perform poorly in school, miss out on important social experiences, and engage in substance abuse.

Eating Disorder Trends among Youth

- Eating disorders are serious and can even be fatal.
- From 2018 to 2022, Eating disorder health care visits for children under 17 increased by 107.4%
- Approximately 22% of children and youth have unhealthy eating behavior.
- 12% of adolescent females can be diagnosed with an eating disorder.
- Less than 20% seek help.



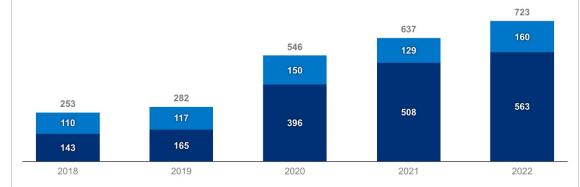
Substance Use Trends Among youth

• We are also seeing an increase in substance use and substance use related deaths among adolescents.

Figure 2

Nearly Four out of Five Adolescent Drug Overdose Deaths Involved Opioids in 2022

Deaths Due to Opioids Other Drug Overdose Deaths



NOTE: Data for 2022 is provisional. Drug overdose deaths were classified using the ICD-10 underlying cause-of-death codes: X40–44, X60–64, X85, or Y10–Y14. Opioids involved in these deaths are identified by the ICD-10 multiple cause-of-death codes: T40.0-40.4 or T40.6. SOURCE: KFF analysis of Centers for Disease Control and Prevention (CDC), National Center for Health Statistics. Multiple Cause of Death 2018-2022 on CDC WONDER Online Database.

Figure 3 Drug Overdose Death Rates Have Increased Faster Among Black and Hispanic Adolescents 2018 2019 2020 2021 2022

NOTE: Data for 2022 is provisional. Death rates are per 100,000 adolescents (ages 12-17). Drug overdose deaths were classified using the ICD-10 underlying cause-of-death codes: X40–44, X60–64, X85, or Y10–Y14. Data for AIAN and Asian adolescents was unreliable, in addition to data for Black adolescents in 2019. Persons of Hispanic origin may be of any race but are categorized as Hispanic for this analysis; other groups are non-Hispanic.

SOURCE: KFF analysis of Centers for Disease Control and Prevention (CDC), National Center for Health Statistics. Multiple Cause of Death 2018-2022 on CDC WONDER Online Database.

Violence in Youth

- 2021 CDC Youth Risk Behavior Survey found that -
 - 20% of females and 22% of LGBQ+ youth experienced sexual violence
 - 15% of females and 20% of LGBQ+ were forced to have sex.
 - 23% of LGBQ+ youth were bullied at school
 - 7% of youth were threatened or injured with a weapon at school.
 - 9% of High School students were truant from school due to feeling unsafe
 - 20% of Females and 27% of LGBQ+ youth were bullied electronically.



Identifying Youth and Contributing Factors

What are some of the various factors contributing to the negative impact on youth mental health during the pandemic?

- social isolation
- academic challenges
- economic uncertainties
- witnessing violence/arguing in the home
- loss of experiences (i.e. prom, graduation, first year of college, etc)

Signs of anxiety in children

- Physical symptoms like headaches, stomach-aches
- Difficulty falling or staying asleep
- Avoidance (people, places or tasks)
- Irritability/Anger
- Defiance
- Lack of focus
- Overplanning
- Negative thinking



Signs of anxiety in adolescents

- Physical symptoms like headaches, sweating or stomach-aches, shortness of breath
- Sleep disturbance
- Unfounded or unrealistic fears
- Feeling nervous/on edge
- Restlessness/Agitation
- Difficulty concentrating
- Apathy, decreased interest
- Unexplained outbursts





Signs of Depression in children

- Irritability or anger
- Continuous feelings of sadness and hopelessness
- Social withdrawal
- Increased sensitivity to rejection
- Changes in appetite
- Changes in sleep
- Difficulty concentrating

- Physical complaints
- Feelings of worthlessness or guilt
- Impaired thinking
- Talking about death or dying
- Loss of interest in pleasurable activities
- Fatigue and low energy

Signs of Depression in adolescents

- Apathy and fatigue
- Physical complaints
- Difficulty concentrating
- Agitation, irritability, or anger
- Feelings of worthlessness and guilt
- Irresponsible behavior -- for example, forgetting obligations, refusing to do chores or schoolwork
- Loss of interest in food or compulsive overeating

- Memory loss
- Preoccupation with death and dying
- Rebellious, risk taking behavior
- Sadness, anxiety, or a feeling of hopelessness
- Staying awake at night and sleeping during the day
- Sudden drop in grades
- Withdrawal from friends
- Self Harm Behaviors

Vulnerable Groups

- Specific groups of youth that are more vulnerable to mental health challenges post-pandemic include:
 - youth with pre-existing conditions
 - marginalized communities
 - youth who have experienced loss during the pandemic

Behavioral Changes

- Changes in behavior patterns among youth include:
 - increased screen time
 - altered sleep patterns
 - changes in substance use
 - withdrawal from peers and social supports

*How do these factors impact youth mental health?

Coping Mechanisms

- What are some of the coping mechanisms adopted by youth during the pandemic?
- How effective were they in mitigating mental health challenges?

The Role of Technology

- What role did technology play in both exacerbating and alleviating mental health issues among youth?
 - Technology helped kids stay connected with friends, their classroom and the world during the pandemic
 - Downsides are that it led to too many hours of screentime and comparing themselves to others often creating unrealistic messages about what they are supposed to look like





What Coping Mechanisms Can They Use

- Coping strategies for youth to manage stress and anxiety can include:
 - Therapy or group support
 - Connecting with friends and family
 - Journaling
 - Mindfulness
 - Exercise
 - Deep breathing



Mindfulness activities

•<u>Cosmic Kids Yoga -</u> https://www.cosmickids.com/

•Gonoodle.com

•Go Zen Online (youtube)

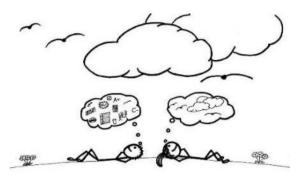
•4-7-8 breathing

•Belly breathing

•Mindful walk (Noticing colors/ 5 senses)

•Take 5 Grounding activity (5 senses)

Visual imagery Progressive muscle relaxation Body Scan



•Mindfulness Activities for Teachers http://www.mindfulteachers.org/p/free-resources-and-lessonplans.html

Take 5 grounding exercise

Stay Grounded Using Your 5 Senses Relax Your Body, Take a Few Deep Breaths and Facus on the Following...



li geografic in construction. E 227 fair Eugentic Paris 105

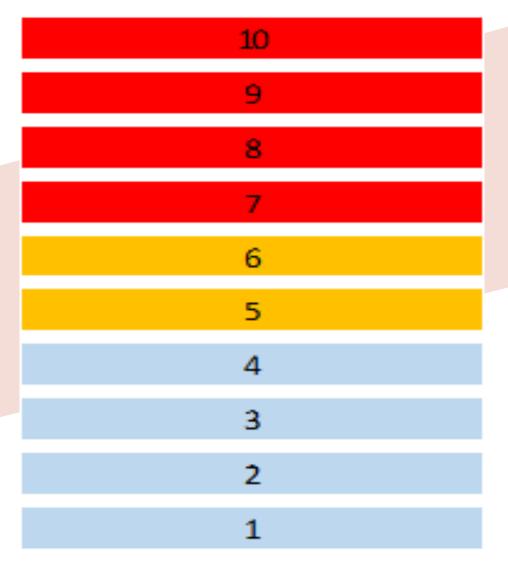
Color Zones of Regulation

Self Regulation : Body Signals Everyone gets overwhelmed sometimes. What you need to know is to listen to your body and brain to stay in control. This 5-point scale maps out how some people feel at each level of frustration. Rating How does your body feel? Exploding, threatening others, throwing things 4 Crying, yelling, Swearing 3 Rapid breathing, headache, short breath 2 Teeth and/or hands clenched, nervous laugh Relaxed body, slow breathing CSpeech Paths

Scale of emotional intensity

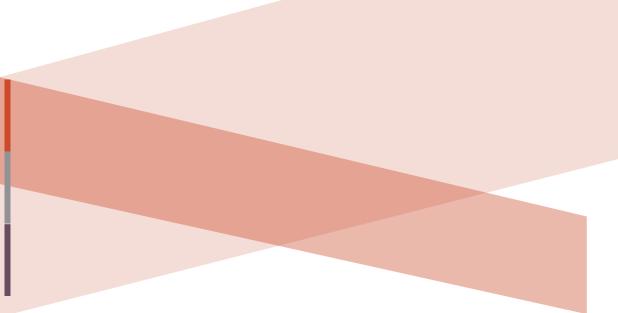
- Check in with yourself
- Red zone means emotional intensity is high, so its best to use distress tolerance skills,
- Blue zone use emotional regulation skills.

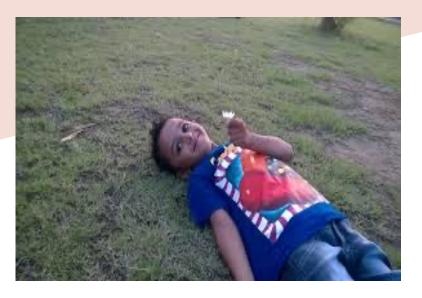
Scale of Emotional Intensity



Distract with ACES

- Activities (Activities that require thought and concentration)
- Contributing (Focus on someone or something other than yourself)
- Emotions (Do something that will create a competing emotion)
- Sensations (Find safe physical sensations to distract you from intense negative emotions).





Importance of Support Systems

• Establishing a support system can be critical for achieving emotional wellness, both formal (counseling services, helplines) and informal (family, friends), in helping youth navigate mental health challenges.





What can we do?

- Try to create a sense of structure or routine
- Take cues from the child
- Allow them to ask questions respond honestly and age appropriately
- Validate and acknowledge their feelings
- Notice changes in mood or behaviors
- Help them create a toolbox of their own helpful skills
- Be mindful of your own feelings and reactions



Why schools are the ideal place to provide mental health and behavioral supports

- Students can receive a full continuum of services
- Programming emphasizes shared responsibility to fill in the gaps and ensure students don't fall through the cracks.
- A strong connection between schools and community agencies helps a school move toward a collaborative, school-based mental health services model and ensures that wraparound services are provided to support the whole child and family.



Strategies for Implementing Supportive School Based Mental Health Programs

- Strategies for implementing programs to support the identified challenges facing these youth include:
 - Integrating a tiered system of support to identify which level of support students need
 - Consider school-wide screenings or identification processes to address the mental health needs of youth while ensuring resources to meet those needs.
 - Establish school-based health centers or community partnerships with health and mental health providers.
 - Create healthy, safe, and supportive school climates. Incorporate social and emotional learning into the core curriculum.



Strategies for Addressing the Mental Health and Well-Being Needs of Youth

- Incorporate social and emotional learning into the core curriculum.
- Promote parental engagement, and support parents and families.
- Rebuild relationships with peers and teachers, and school connectedness.
- Balance academic learning opportunities with social, emotional, and behavioral support.
- Provide resources for mental health, including stress and anxiety management.
- Promote and build resilience.



Strategies for Supporting Educators and Staff

- Provide professional learning opportunities related to mental, emotional, and behavioral health.
- Provide direct support for the mental health needs of educators and staff.





Resources for Building School Community Partnerships

A detailed "how-to" manual on building school-community partnership systems

 Sarah Costelloe and I-Fang Cheng, Partnering for Student Success: A Practical Guide to School Based Partnerships (Rockville, MD: Abt Associates, 2016).

A framework for building successful community schools Reuben Jacobson and Martin J. Blank, A Framework for More and Better Learning Through CommunitySchool Partnerships (Washington, DC: Institute for Educational Leadership, Coalition for Community Schools, 2015).

Resources for Building School Community Partnerships

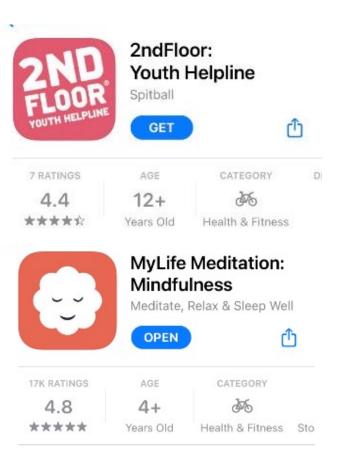
An action guide for building effective integrated student support systems

• Center for Optimized Student Support, Boston College, The Whole Child: Building Systems of Integrated Student Support During and After COVID-19 (Boston: Center for Optimized Student Support, Boston College, 2020).

Tools for Starting and Building Community Schools

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Helpful Apps

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Question and Answer



Evaluation Information

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At the end of today's training please take a moment to complete a **brief** survey about today's training.





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The purpose of the MHTTC Network is technology transfer - disseminating and implementing evidence-based practices for mental disorders into the field.

Funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), the MHTTC Network includes 10 Regional Centers, a National American Indian and Alaska Native Center, a National Hispanic and Latino Center, and a Network Coordinating Office.

Our collaborative network supports resource development and dissemination, training and technical assistance, and workforce development for the mental health field. We work with systems, organizations, and treatment practitioners involved in the delivery of mental health services to strengthen their capacity to deliver effective evidence-based practices to individuals. Our services cover the full continuum spanning mental illness prevention, treatment, and recovery support.

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