Rallying a Behavioral Health Response for Military Youth in Trying Times - The Military Health System and Beyond

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Dr. Patti L. Johnson received her Ph.D. in Clinical Psychology from the State University of New York at Stony Brook. She completed her Pre-doctoral Internship at Fort Ord in California, and a Pediatric Psychology Postdoctoral Fellowship at Tripler Army Medical Center (TAMC) in Hawaii. During her 20-year active duty Army career, she served as the Director of Training for the Clinical Psychology Internship Program at TAMC, as well as at Walter Reed Army Medical Center. She was also the Training Director of the Army's Pediatric Psychology Postdoctoral Fellowship Program at Madigan Army Medical Center for 10 years. She currently is the Program Manager for Defense Health Agency (DHA) Child and Family Behavioral Health. In this capacity she oversees the development and implementation of behavioral health policies and programs for children and families, to include standardized training programs for behavioral health care providers and primary care providers serving military youth. Dr. Johnson was previously a Co-Chair of the American Psychological Association's (APA) Committee on Children, Youth, and Families, is an Accreditation Site Visitor for APA, and has been an active member of the Association for Behavioral and Cognitive Therapies. Her interests include the impact of deployment on children and adolescents, strategies to help youth cope effectively with adversity, and the dissemination of evidence-based treatment models for children and families.

Disclosures

- Dr. Patti L. Johnson, Ph.D, has no relevant financial or non-financial relationships to disclose relating to the content of this activity; or presenter(s) must disclose the type of affiliation/financial interest (e.g. employee, speaker, consultant, principal investigator, grant recipient) with company name(s) included.
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Learning Objectives

At the conclusion of this activity, participants will be able to:

1. Describe the impact of recent and current "state of the world" stressors on reported behavioral health functioning of children and adolescents.

2. Summarize the rationale for adopting a multi-systemic, partnership approach and leveraging innovation to meet the current behavioral health needs of military children and adolescents.

3. Identify the breadth of behavioral health and related resources available to optimize military child and adolescent social, emotional, and behavioral health functioning.

Child and Adolescent Behavioral Health Functioning – Pre-COVID

- Research summarized in the US Surgeon General Advisory Report on Child and Adolescent Mental Health (2021):
  - Approximately 20% of children ages 3-17 are diagnosed with a mental, behavioral, or developmental disorder
  - Only about 50% of children and adolescents with a treatable mental health disorder receive treatment
  - Between 2011 and 2015, Emergency Room (ER) visits for psychiatric disorders increased by 28%
  - Between 2007 and 2018, suicide rates among youth 10-24 increased by 57%

- Bitsko et al (2022) summarized surveillance data of child and teen mental health 2013-2019:
  - Among youth aged 3-17, 9.8% diagnosed with ADHD, 9.4% diagnosed with anxiety
  - Among teens aged 12-17, 20% had experienced a major depressive disorder

Child and Adolescent Behavioral Health Functioning – Pre-COVID

Center for Disease Control (CDC) Youth Risk Behavior Survey 2019

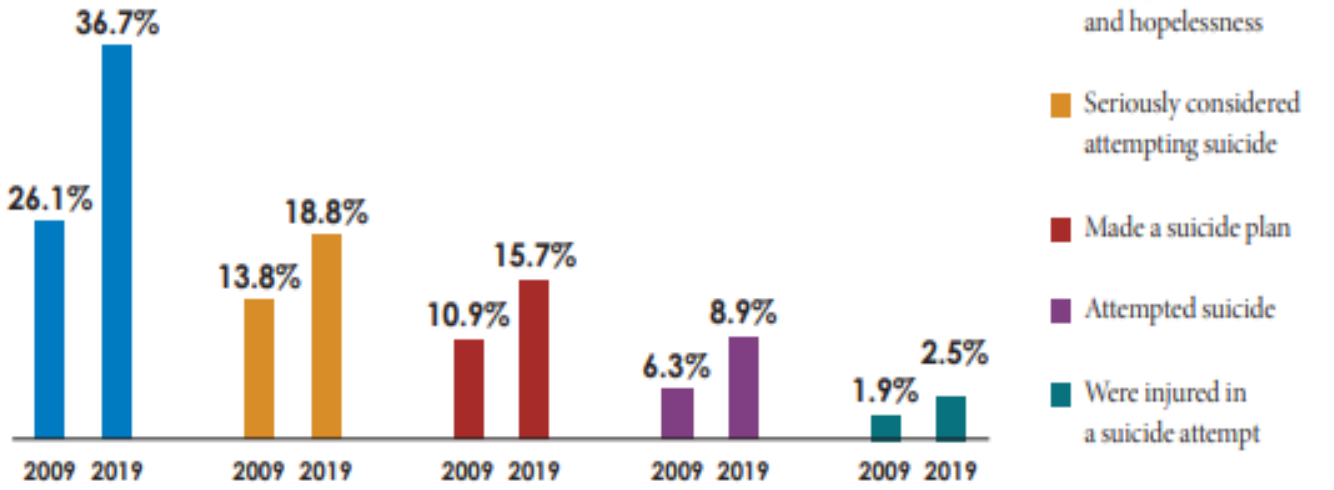
POOR MENTAL HEALTH AND SUICIDE BEHAVIORS AMONG U.S. HIGH SCHOOL STUDENTS ARE INCREASING

Persistent feelings of sadness or hopelessness

INCREASED

40%

between 2009-2019 for U.S. high school students



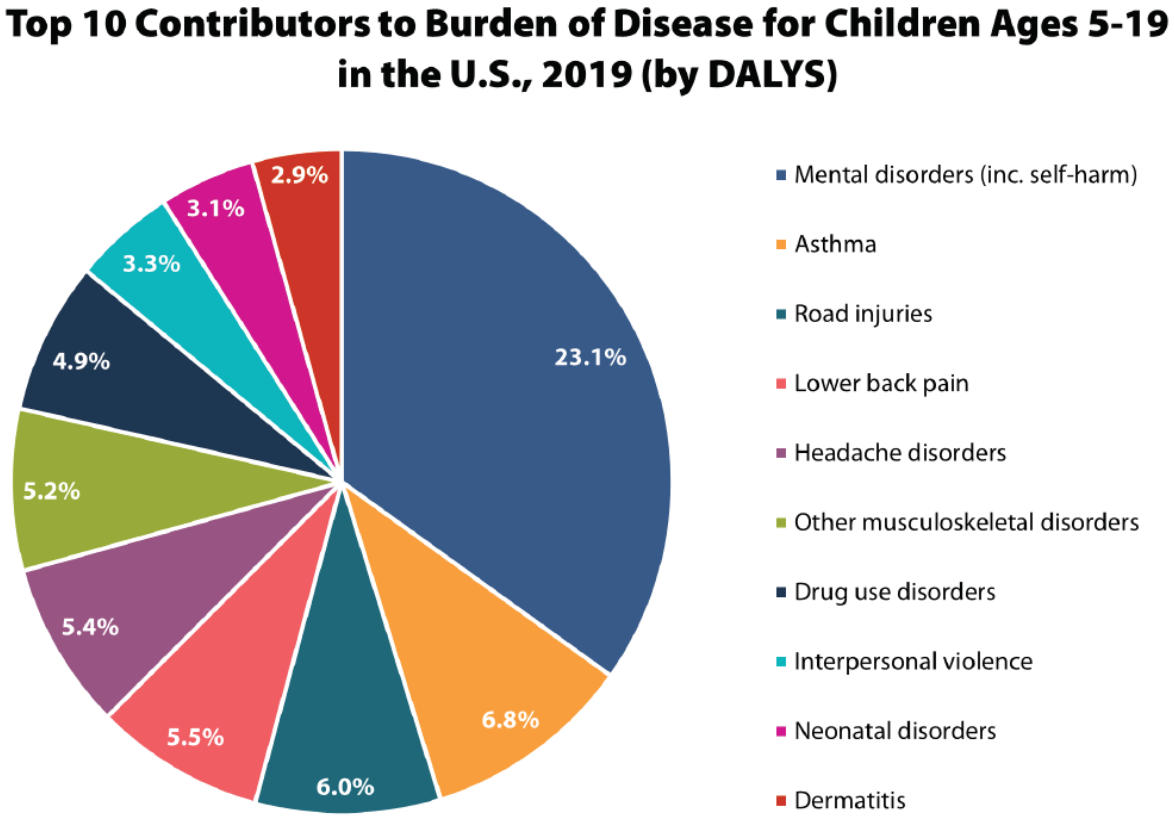
Source: CDC YRBS Data Summary & Trends Report: 2009 - 2019

For complete 2009-2019 data on disparities in mental health and suicide-related behaviors among U.S. high school students, click here

Child and Adolescent Behavioral Health Functioning – Pre-COVID

Disease Burden

Mental Health America, Addressing the Youth Mental Health Crisis Report (2020)

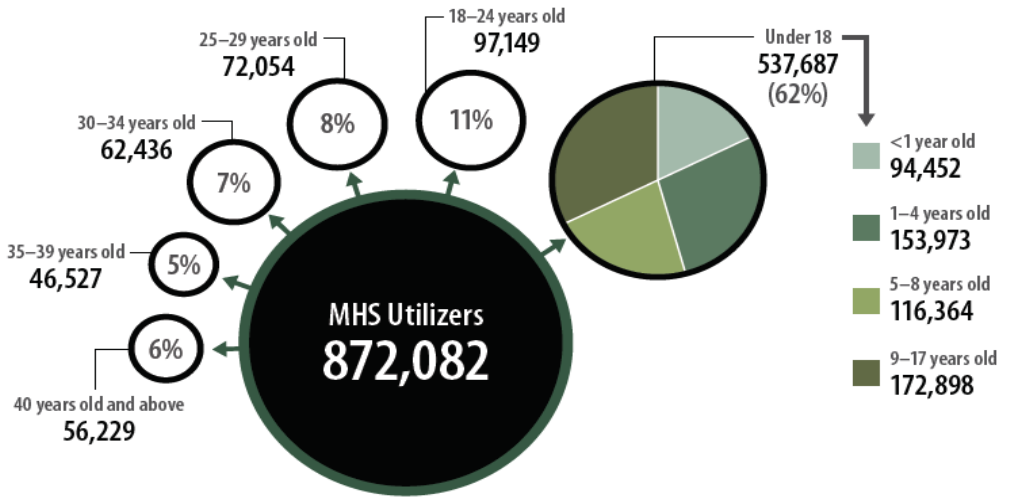


Child and Adolescent Behavioral Health Functioning – Pre-COVID

Disease Burden

Army Health of the Family Report (2021)

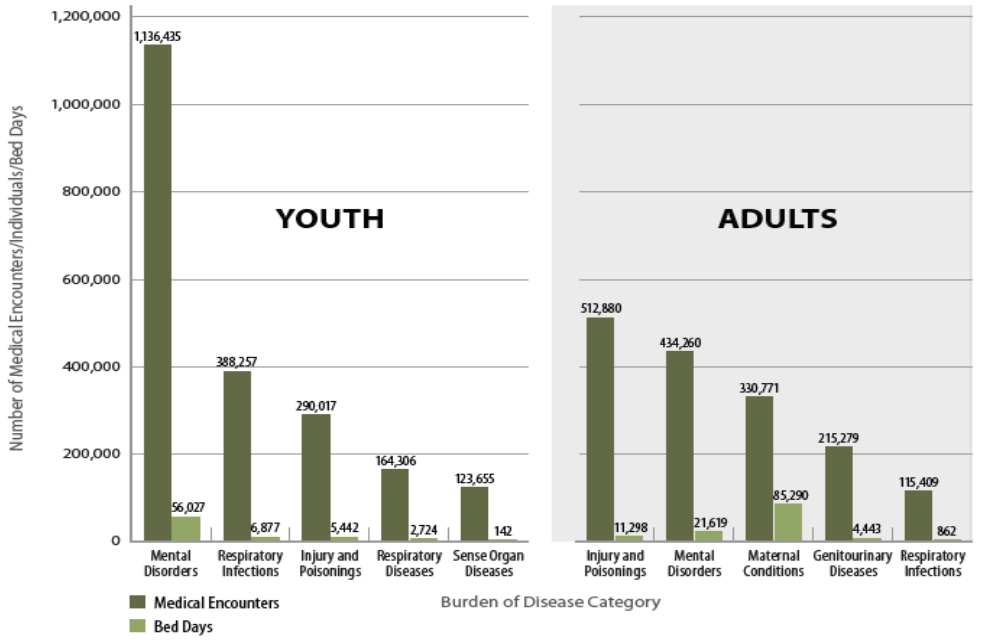
Figure 19. Age Composition of Military Health System Utilizers, 2017



Data source: 2017 DMSS maintained by the AFHSD (AFHSD n.d.). Data represent Army beneficiaries.

According to data from the AFHSD (Figure 20), injury and poisonings account for the majority of "bed days," or days of hospitalization for adults, and mental disorders account for the majority of bed days for children under age 18. Mental disorders also place a heavy burden on the MHS, making up the majority of medical encounters for both youth and adults.

Figure 20. Medical Encounters and Bed Days among Military Health System Beneficiaries, 2017



Data source: 2017 DMSS maintained by the AFHSD (AFHSD n.d.). Data represent Army beneficiaries.

Impact of COVID and Mitigation Strategies

- Social isolation
- Disruptions in routines
- Academic challenges of remote learning
- Impacts on physical activity
- Medical/health challenges
- Economic hardships
- Increased screen time, 24/7 news feed, social media use
- Stress observed in parents/teachers/other caregivers
- Role reversal or high role demands
- Grief for multiple losses –
  rites of passage, routines, activities, deaths
- Interruptions in developmental trajectories

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Trying Times – There's a lot to worry about

- Ongoing Economic Upheaval – Job Losses, Inflation, Food Insecurity, Homelessness
- Impacts on Historically Marginalized Communities
- Political Divisiveness
- Racial Trauma
- Climate Change
- Real or Perceived Increase in Violence and Crime Rates
- Gun Violence
- War and Conflict

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Poll Question

- Comparing 2019 to 2021, the percentage of teens reporting persistent feelings of sadness and hopelessness:
  - Increased by almost 10%.
  - Increased by almost 20%.
  - Increased by almost 30%.

Child and Adolescent Behavioral Health Functioning – During-COVID

- CDC Adolescent Behavior and Experiences Survey (Jones et al, 2022) – conducted Jan-June 2021, representative sample of High School (HS) Students
  - 44% report they feel persistently sad or hopeless (up from 37% in 2019 – an almost 20% increase)
  - 37% reported they experienced poor mental health during COVID-19
  - 20% had seriously considered suicide, 9% had attempted suicide in prior 12 months
  - 12% of females reported attempting suicide compared to 5% of males
  - 25% of LGBQ students reported attempting suicide compared to 5% of heterosexual students
  - Over 50% reported having experienced emotional abuse and 10% physical abuse in the home
  - Youth who reported feeling connected to persons at school reported more favorable level of functioning
  - Youth who reported feeling virtually connected to others reported more favorable level of functioning

Child and Adolescent Behavioral Health Functioning – During-COVID

- From mid-Mar to Oct, 2020 compared to 2019, proportion of Emergency Department (ED) visits for mental health related issues increased **24%** for children 5-11, **31%** for youth 12-17 (Leeb et al, 2020)

- ED visits 2019 through Jan 2022 (Radhakrishnan et al, 2022)
  - Proportion of ED visits for mental health conditions for all children (0-17) was greater during COVID in comparison to same periods in 2019 prior to COVID
  - Weekly average ED visits for mental health related conditions increased for females aged 12-17 in comparison to same period in 2019

- ED visits related to suspected suicide attempts for girls aged 12-17 increased 51% comparing Jan-Mar 2021 with same time period in 2019 (Yard et al, 2021)

Child and Adolescent Behavioral Health Functioning – During-COVID

- Comparison of parents and children aged 5-12 by instruction type during Oct – Nov, 2020 (Verlenden et al, 2021):
  - Parents of children receiving virtual instruction or combined instruction were more likely than were parents of children receiving in-person instruction to report that their children experienced worsened mental or emotional health (24.9%, 24.7%, 15.9% respectively)
  - Parents of children receiving virtual instruction were more likely than were parents of children receiving combined instruction or in-person instruction to report emotional distress (54.0%, 42.9%, 38.4% respectively)

- National Academy of Science Engineering and Medicine (NASEM) summary (2021)
  - Increased social-emotional distress
  - Increased behavioral problems
  - Decreased academic success

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- NOTE that there are individual differences in these findings such that girls as well as vulnerable populations have been affected to a larger degree

Child and Adolescent Behavioral Health Functioning – During-COVID

Military-Connected Youth

- Preliminary Data
  - National Military Family Association (NMFA) – The Military Teen Experience (2021)

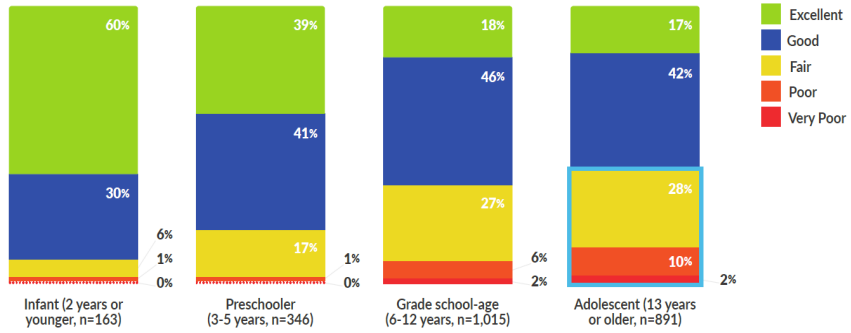
    On the Warwick-Edinburgh Scale of Well-Being (7-item version)
    - ✓ 42% reported low level of mental well-being
    - ✓ 45% reported a moderate level of mental well-being – At risk
    - ✓ Only 13% reported a high level of mental well-being

  - Blue Star Families – Military Family Lifestyle Survey (2021)
    - ✓ 43% rated at least one of their child's Mental Health (MH) as fair, poor, or very poor
    - ✓ 41% rated their oldest adolescent child's MH as fair, poor, or very poor
    - ✓ 17% reported they want MH care for child but are not currently receiving it

Military Family Lifestyle Survey

Figure 1: Mental Health of Oldest Child, by Age Grouping

Active-Duty Family Respondents with Children



Child and Adolescent Behavioral Health Functioning – During-COVID

Military-Connected Youth

- Some Anecdotal Observations from the Field

  (Note that these observations are not based on systematic evaluation of data, but primarily clinical impression only)

  - Increased ER visits for Behavioral Health (BH) related problems
  - Increased demand for BH Services
  - Increased acuity/severity of BH presentations
  - Increased referrals to the Network
  - Increased school behavioral problems and academic difficulties

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Child and Adolescent Behavioral Health Functioning – A Call to Action

- A Call to Action
  - American Academy of Pediatrics (AAP)/American Academy of Child and Adolescent Psychiatry (AACAP) /Children's Hospital Association (CHA)
    - ✓ 2021 Declaration of a National Emergency in Child and Adolescent Mental Health
    - ✓ 2022 Protecting Youth Mental Health: Part I – An Advisory and Call to Action Testimony to Congress
  - US Surgeon General 2021 Protecting Youth Mental Health Advisory Report
  - United States Preventive Services Task Force (USPSTF) Screening Recommendations
    - ✓ 2022 Draft Recommendation to Screen Children and Adolescents 8-18 for Anxiety
    - ✓ 2022 Draft Update of 2016 Recommendation to Screen Teens 12-18 for Depression
  - NASEM Reports – Emphasize role of schools in helping kids and youth
    - ✓ Back in School: Addressing the Well-Being of Students in the Wake of COVID-19: Proceedings of a Workshop in Brief (2021)
    - ✓ School-Based Strategies for Addressing the Mental Health and Well-Being of Youth in the Wake of COVID-19 (2021)

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BUT – It's Not All Bad

For some, there have been some silver linings…

- Increased family time
- Slower pace of life
- Increased connection to outdoors and green spaces
- Positive use of technology to stay connected
- Decreased consumerism
- Increased time for reflection

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Poll Question

- The best way to address the high behavioral health need in children and teens is to:
  - Emphasize role school systems to identify and provide or refer kids for behavioral health services.
  - Focus on identifying those kids with the most serious problems and refer them for behavioral health services.
  - Adopt a team approach, targeting care by emphasizing prevention, early intervention, and specialty services to improve the health and well-being of all children and youth.

Rallying A BH Response – Embracing a "Team" Approach

Why a Team Approach

- High Demand for Services
- Insufficient numbers of BH Providers – Within the Direct Care System (DCS) and in the Network – Nationwide
- Good clinical practice
- Beneficial to military-connected children's and adolescents' health and well-being

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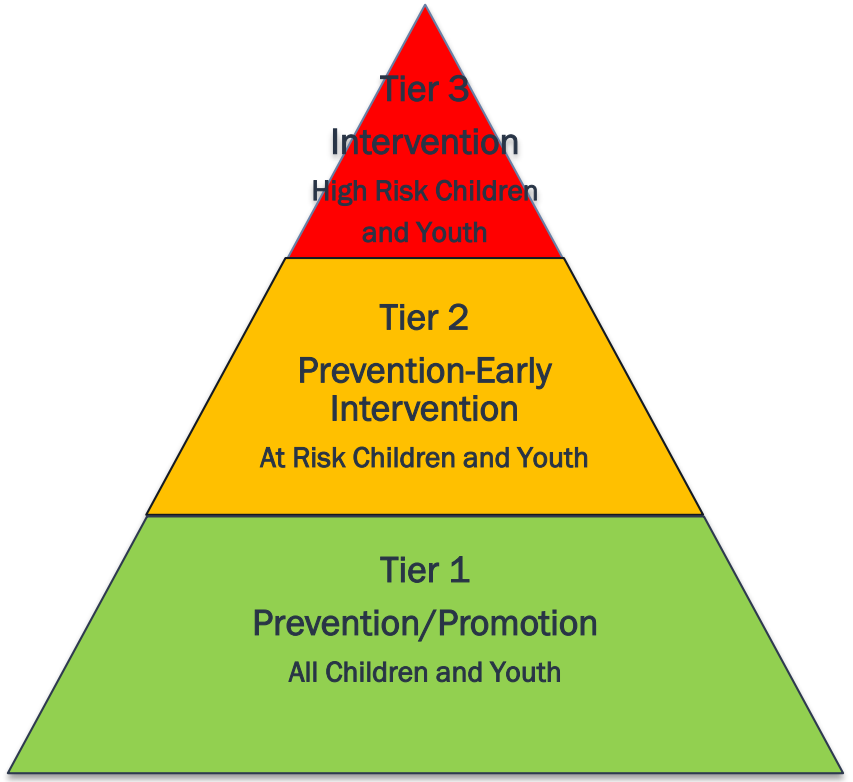
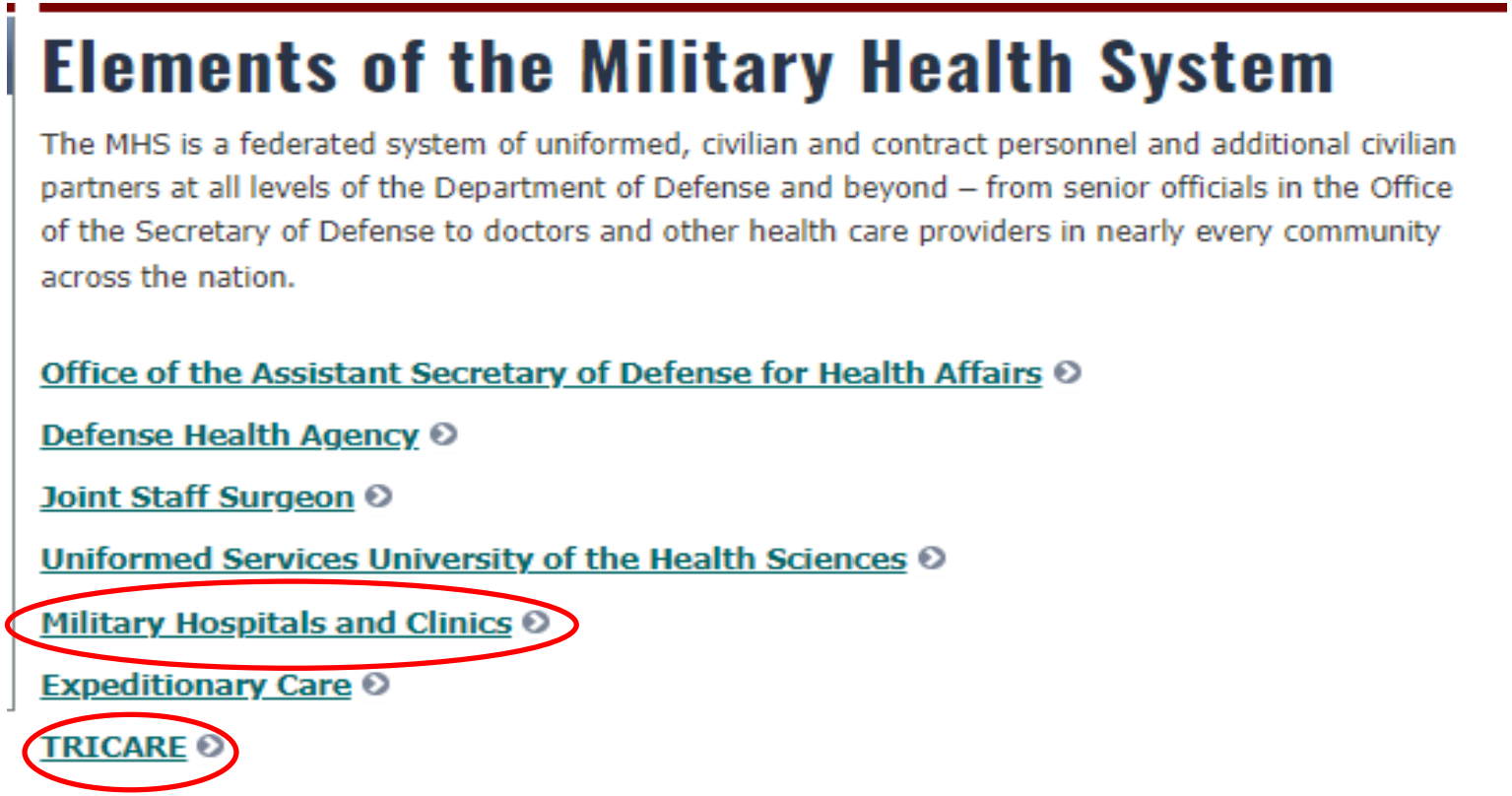
Rallying A BH Response – Embracing a "Team" Approach

How to Achieve a Team Approach

- Adopt a Multi-Tiered System of Support Philosophy
- Importance of Partnerships, Collaboration, Coordination, and Communication
- Optimize a Continuum of Care
- Emphasize Prevention and Early Intervention –
  Building Resilience and Learning Coping Strategies –
  Use medical contacts as touch points to emphasize hope and resiliency
- Utilize parents and other caregivers as care extenders



Elements of the Military Health System



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Advantages of Providing Care Within the Direct Care System

- Maintains focus on **Readiness.**
- Operates within a **comprehensive system of care.**
- BH care is conducted in a **coordinated, collaborative** way with other health care services in the Primary Care Medical Home (PCMH) model.
- BH care can be delivered **"far forward"** (i.e., in PCMHs and On-base Schools).
- Care is provided by professionals who are familiar with the patient's **"community" and "culture"** ; they are more knowledgeable in addressing the unique stressors and challenges facing Military Families.
- Providers can leverage the **breadth of resources** available to Service Members (SM's) and families and can partner with military and civilian community organizations such as Chaplains; Family Support Services; Child Youth and School Services (CYSS); Department of Defense Education Activity (DoDEA) and State School Systems; and other local military and community supports.

Resources within the Direct Care System

- PCMH
  - "Screen" for BH problems – formal (USPSTF recommendations) or informal
  - Use medical appointments as touchpoints to: Inspire hope, build resiliency, discuss coping strategies
  - Conduct anticipatory guidance – parents and children/teens (See slide 29 for suggestions)
  - Primary Care Behavioral Health (PCBH) for pediatric patients where available
  - Take advantage of training programs for Primary Care Managers (PCMs) in child & adolescent BH
  - Provide BH care when appropriate
- Other health care providers
  - Awareness of BH functioning
  - Another touchpoint opportunity
- BH Specialty Care
  - Clinic-based
  - School Behavioral Health

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Army's Child and Family Behavioral Health System (CAFBHS)

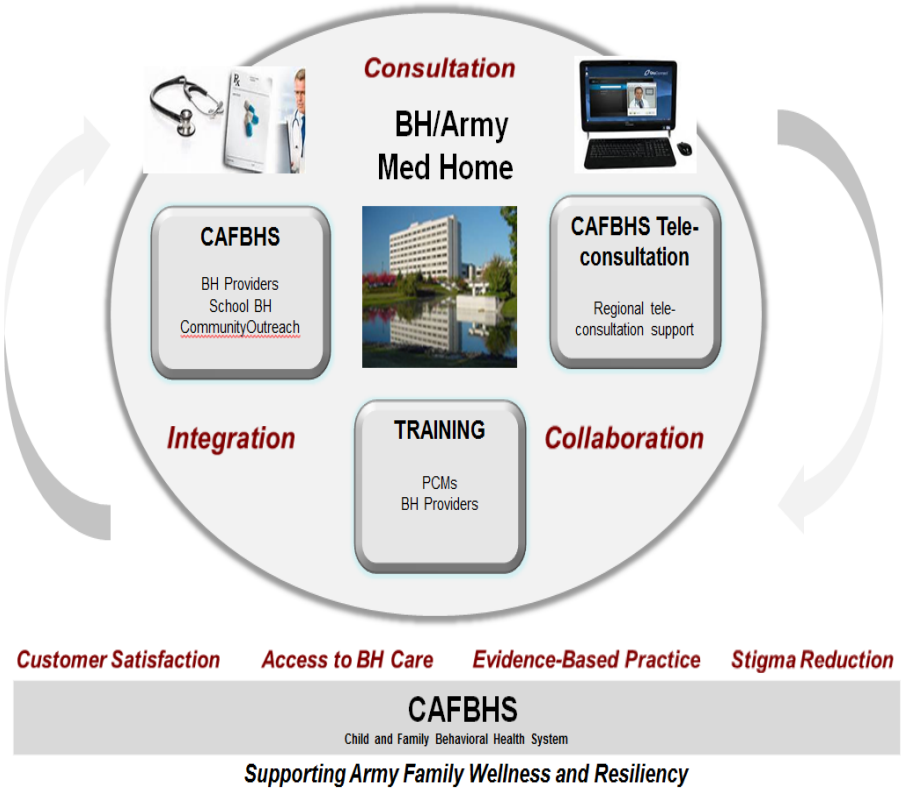
The CAFBHS Model consists of 3 major interrelated modular components:

1. Department of Behavioral Health (DBH) CAFBHS
   a. Consultation to PCMs
   b. Specialty BH Treatment (through standalone clinic or Multi-D)
   c. School Behavioral Health (on-post schools)
   d. Outreach to organize and coordinate Military and Civilian Community to promote well being of SM's Families

2. CAFBHS Regional Teleconsultation services to PCMs and BH providers particularly in support of smaller Military Treatment Facilities (MTFs)

3. Standardized training in assessment and treatment of common C&A BH disorders for PCMs, and evidence-based psychosocial treatments for C&A BH providers

NOTE: Not all components of the DBH CAFBHS are at all MTFs. Services available are dependent on the size of the installation.



Tenets of the CAFBHS Model That Can Be Adopted Across DHA

- Adopt a **holistic approach to care** – the individual, parents, family/friends, systems (school, community, medical, etc.)
- **Collaborative care model of BH** – close partnership with Primary Care, other Health Care providers, BH care to Active Duty (AD) Service Members
- **Maximize extender models** (i.e., Developmental-Behavioral Extender Model, CAFBHS PCM Training and Psychiatric Teleconsultation)
- **Target care** to the needs of the patient – Treat patient at the appropriate level of care
- Maximize utilization of **evidence-based practices**
- Focus on **outcomes based clinical decision-making** – Improve effectiveness and efficiency
- Optimize resources within the **market model of care**

Network Resources/TRICARE – BH Care Outside the DCS

TRICARE Resources

- Local Network Providers for Outpatient BH
- Telebehavioral Health Options – i.e., Telemynd
- Autism Care Demonstration Project
- Partial Hospitalization, Inpatient, and Residential Treatment

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Prevention and Early Intervention

- Military non-medical/community resources.
  - Navy Fleet and Family Support Center, Army Community Services, Airmen and Family Readiness Services, Marine Corps Community Services
  - Military and Family Life Counselors (MFLCs)
  - Families Overcoming Under Stress (FOCUS) (in some locations)
  - After Deployment: Adaptive Parenting Tools (ADAPT) (in some locations)
  - Chaplains
- Military One Source
- Civilian Community Resources
  - School Counselors/Social Workers/Psychologists
  - Faith-based Organizations
  - Steven A. Cohen Military Family Clinics

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Innovative Approaches

- Tele Behavioral Health (TBH) – within DCS or via TRICARE Network
  - Local TBH Support – Significantly expanded during COVID
  - Virtual Medical Center – Current focus is AD
  - TRICARE Network – i.e., Telemynd

- Online – Websites, Apps
  - Websites
    - ✓ Military Kids Connect
    - ✓ Sesame Street Kids
    - ✓ Military Child Education Coalition (MCEC)
    - ✓ Professional Organizations (AAP, AACAP, APA)
    - ✓ Center for the Study of Traumatic Stress (CSTS)
  - Apps
    - ✓ Breathing Apps
    - ✓ Mindfulness Apps
    - ✓ Mood Tracking Apps

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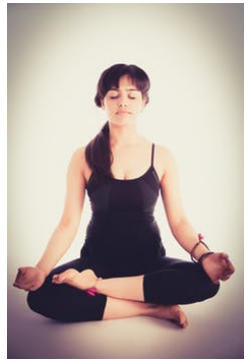
Additional Resources

- Print and Video Resources – Audio, Videos, Handouts, Books
  - Sesame Street Videos
  - Yoga, Relaxation, Breathing: Audio/Video/Mobile Apps
  - Handouts to Assist Parents
    - ✓ CAFBHS Parent Handouts – https://info.health.mil/sites/hro/CMT/BH/CAFBHS/Documents/Forms/PCMCoreCurriculum.aspx
  - Books to Assist Parents
    - ✓ Parenting Books – Positive Parenting
    - ✓ Parenting Books - How to Help Kids with Anxiety, Depression, Noncompliance, Attention Deficit Hyperactivity Disorder (ADHD)



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Tips to Help Youth Cope

- Stay connected with family and friends.
- Maintain routines.
- Engage in enjoyable and/or meaningful activities.
- Spend time outdoors, ideally with some time spent in nature/green spaces.
- Exercise.
- Get sufficient sleep.
- Limit screen time/news feeds/social media use.
- Use calming strategies such as journaling, relaxation, deep breathing, meditation, yoga, prayer.

Key Takeaways

- Children and teens have been evidencing increases in social-emotional-behavioral concerns over the past couple decades.
- During COVID, these trends continued and likely were exacerbated by COVID and the impact of mitigation strategies.
- Although hard data specific to military youth is not readily available, indicators suggest they are likely to experience similar struggles documented for all children and teens.
- Addressing the BH needs of military-connected youth will require a “team” approach given the challenges of current stressors resulting in a high need for services.
- Leveraging multi-tiered systems of supports, focusing on a continuum of care from prevention to early intervention to clinical service delivery, increases probability of positively impacting the health and well-being of military-connected kids and teens.

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2. Search for your course using the **Catalog**, **Calendar**, or **Find a course** search tool.
3. Click on the REGISTER/TAKE COURSE tab.
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4. Follow the onscreen prompts to complete the post-activity assessments:
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5. After completing the posttest at 80% or above, your certificate will be available for print or download.
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