

Back to School: The Importance of Children's Mental Health & Access to Treatment

Dr. McCray Ashby, Child & Adolescent Psychiatrist
Lauren Lashbrook, Director of Strategic Partnerships



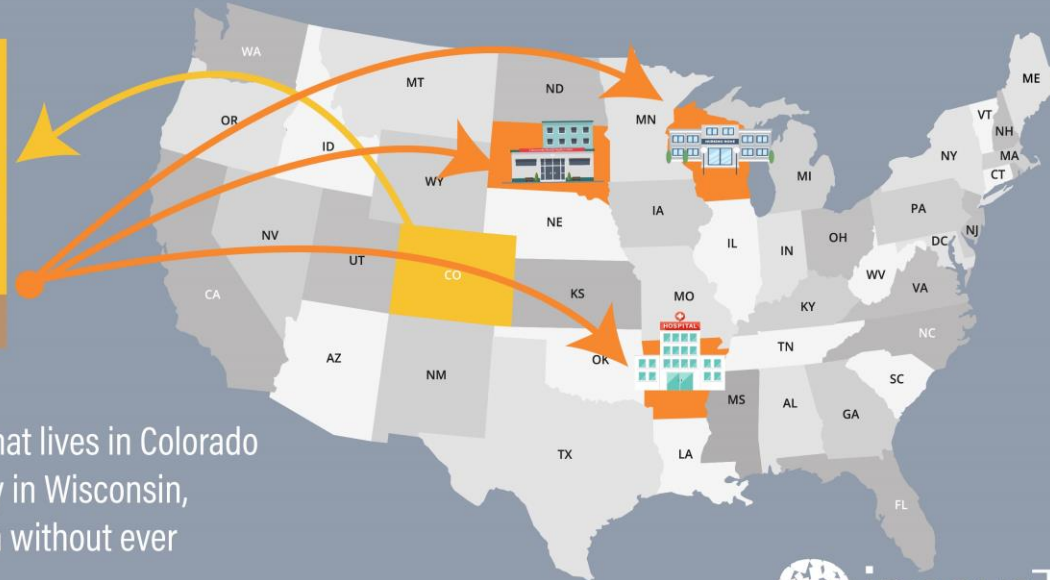
Objectives

- A Psychiatrist's Perspective: Bullying, Screen Time, Anxiety, Depression and ADD/ADHD
 - What to look for
 - How to address
 - Treatment options
 - Resources for Families and Providers
- Review The Child & Adolescent Psychiatric Provider Shortage
- How Telepsychiatry Can Help Increase Access



One Telepsychiatrist Covering Multiple Locations

We know it can be a challenge to find high-quality psychiatric clinicians in a specific geography. Telepsychiatry removes the geographic limitations because we can recruit from all over the country and provide organizations with the best clinicians through simple-to-use technology.



Example:

Dr. Green is a psychiatrist that lives in Colorado and provides telepsychiatry in Wisconsin, Arkansas and South Dakota without ever leaving her home.



Our Mission:

Re-imagining the delivery of psychiatric care through advanced technology.



Introducing Dr. McCray Ashby



- Dr. Ashby is a board-certified child & adolescent psychiatrist.
- Dr. Ashby completed his residency at University of Louisville and the Child and Adolescent Psychiatry Fellowship in 2010. As a child and adolescent fellow, he was awarded the Mohammad Shafii, MD Award for Excellence.
- He served as owner and practitioner of a private practice for 6 years. After starting part-time as a telepsychiatrist for 6 months, Dr. Ashby joined the innovaTel team full-time and has been providing telepsychiatry with innovaTel for the last five years. While Dr. Ashby lives in Kentucky, he works full-time for a community mental health center in Pennsylvania as a telepsychiatrist.
- Dr. Ashby enjoys supporting and advocating the success of telepsychiatry to expand care to improve access to mental health services.



We want to hear from you!

- Which of the following topics are you seeing children in your community face the most?
 - Bullying
 - Cyber Bullying
 - Screen Time Limits
 - Depression
 - ADHD
 - Anxiety



Bullying & Cyber Bullying

The victim of bullying:

- Maybe passive, easily intimidated, younger and or struggle with low self-esteem
- Ensure the victim knows that it's not their fault
- Ask the child what they want to do as this gives control back to the child or teenager
- Engage the teacher and school counselor
- Practice with the child or teenager what to say in a bullying situation
- Be assertive and don't react the way the bully wants
- Try to be in groups when traveling between classes or outside of school
- Monitor for signs of depression or anxiety

The perpetrator of bullying:

- Often is the victim of abuse or bullying themselves
- May struggle with depression, anger or being easily upset
- Access to treatment for comorbid mental illness and/or addressing the bullying behavior is important because bullying can lead to serious consequences in academics, social, emotional, or legal realms

Surveys have shown that 10% of children are being bullied on a regular basis. (Source: ACAP)



Does this look familiar?



Screen Time and Social Media Usage

Benefits:

- Improves access to new ideas and new information
- Potential community and civic engagement
- Helps family & friends communicate that are geographically separated
- Supports networks of individuals such as those with ongoing illnesses, disabilities or differing self identity groups

Risks:

- Increased risk of obesity with increased online time
- Increased risk of sleep disturbance
- Risk of internet gaming disorder
- Increased media exposure to alcohol, smoking, sexual behaviors is associated with an earlier initiation of these behaviors
- Risk of bullying, sexting or online solicitation

The American Academy of Pediatrics recommends two hours or less of sedentary screen time



Signs of Depression

- Appearing sad or irritable
- Not enjoying activities that were once enjoyed
- Isolating from friends or family
- Changes in appetite or weight
- Changes in sleep
- Less energy
- Hopelessness
- Worsened concentration
- Less motivation
- Thoughts of suicide or wanting to be dead
- Physical symptoms: headaches, stomach aches

Suicide is the 2nd leading cause of death for children, adolescents, and young adults 5-24 years old. The majority of youth that attempt suicide struggle with mental health issues, particularly depression.

(Source: ACAP)



Signs of Anxiety

- Constant and intense fears of safety of self and others
- School refusal
- Physical complaints of stomach aches and headaches
- Extreme fears of being away from home
- Panic/ tantrums
- Poor sleep
- Fear of being judged or criticized
- Social anxiety: fear of talking to people, avoidance of social situations, and few friends

It's important to note that anxiety is expected at certain times and developmental stages. Symptoms discussed above are non-developmental anxiety and anxiety that is interfering in functionality.



Signs of ADHD

- Trouble paying attention
- Careless mistakes
- Forgetfulness
- Not completing (or rushing through) tests or assignments
- Fidgets or squirms, trouble sitting still “being on the go”
- Interrupts others/ blurts out answers
- Impulsiveness and hyperactivity
- Poor frustration tolerance

3-5% of school age children have ADHD and 25% of biological parents have ADHD.



What To Ask The Kids

- When speaking to kids or adolescents be sure to speak in age appropriate terms and not too low or too high.
- Depression:
 - How are you feeling?
 - Is something bothering you?
 - What does that mean?
- Anxiety:
 - Describe what you are worried about.
 - Do you worry about what others think?
 - Do you sometimes worry about people at home or what will happen later in class?



How To Support The Parents

- “[Resources for Parents](#)” on AACAP website



Resources for Parents

- > Depression Resource Center
- > Resources for Parents
- > Resources for Youth
- > Resources for Clinicians
- > FAQs
- > Getting Help
- > Resource Centers

Resources for Parents

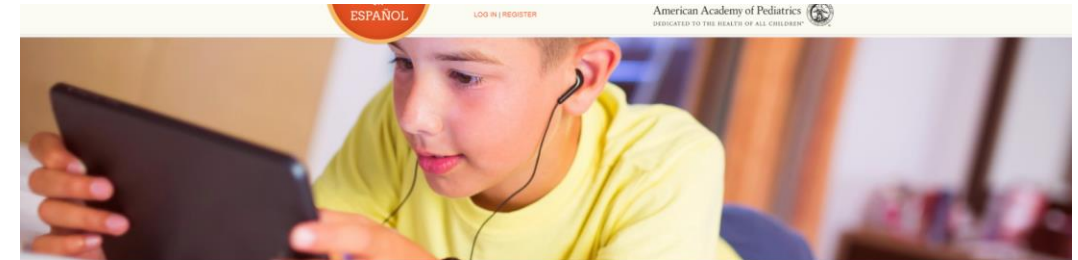
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Facts for Families

AACAP's *Facts for Families* provides concise up-to-date information on issues that affect children, teenagers, and their families.

- Depression in Children and Teens
- Bipolar Disorder In Children And Teens
- Disruptive Mood Dysregulation Disorder (DMDD)
- Suicide in Children and Teens
- Grief and Children
- Comprehensive Psychiatric Evaluation
- Psychotherapy for Children and Adolescents: Definition
- Psychotherapy for Children and Adolescents: Different Types
- Psychiatric Medication for Children and Adolescents Part I: How Medications Are Used
- Psychiatric Medication for Children and Adolescents Part II: Types of Medications
- Psychiatric Medications for Children and Adolescents Part III: Questions to Ask
- Where to Find Help For Your Child

- “[Media Plan](#)” on AAP website (American Academy of Pediatrics)



Family Media Plan

Media should work for you & work within your family values & parenting style. When media is used thoughtfully & appropriately, media can enhance daily life. But when used inappropriately or without thought, media can displace many important activities such as face-to-face interaction, family-time, outdoor-play, exercise, unplugged downtime & sleep.

By creating a Personalized Family Media Use Plan, you can be aware of when you are using media to achieve your purpose. This requires parents & users to think about what they want those purposes to be. The tool below will help you to think about media & create goals & rules that are in line with your family's values.

To make YOUR family's Media Use Plan, start by entering your family's information. This information will remain private and confidential.

To find this information in Spanish, click [here](#).

Get Started

Create Your Family Media Plan



Media Time Calculator



We know that timely access to care improves patient outcomes.

From my prospective, my whole job is normalizing development so that I can increase the chances of patients not needing psychiatric services long term. If we can get patients treated in a timely manner, we can prevent a whole cascade of negative outcomes.

The demand for behavioral health services is growing rapidly and there are not enough psychiatric providers to meet this demand.

Let's take a look at some of the data.



- Only 20% of children with mental, emotional or behavioral disorders receive care from a specialized mental health care provider.
 - The majority of patients are being treated by a primary care provider or pediatrician who may not necessarily be up to date with latest treatments like a child & adolescent psychiatrist would be.
- 50% of all lifetime cases of mental illness begin by age 14 and 75% by age 24.
- Up to 70% of youth in the juvenile justice system suffer from mental health disorders.
- The population of children and adolescents under the age of 20 is projected to grow by 33 % in the next 40 years to 112 million by 2050, if 20% of these children have a psychiatric diagnosis, and they don't get treatment, this problem is only going to get worse.



Growing Need for Child & Adolescent Behavioral Health Treatment & Wait Times



20% of US children and adolescents ages 9-17 have a diagnosable psychiatric disorder.

50% of these children received no health services in the previous year.



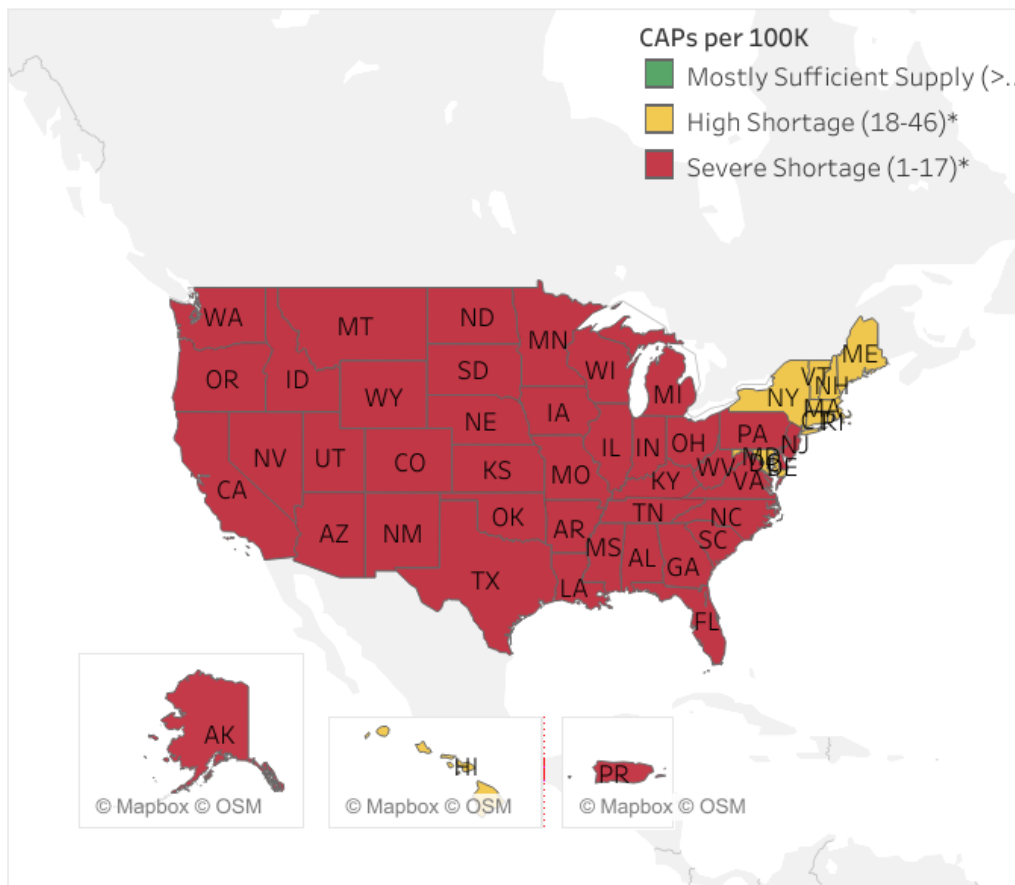
National average wait time for appointments with a mental health professional is 7.5 weeks, many communities have reported wait times of 3-6 months to see a child psychiatrist. 40% of all private practicing psychiatrists are accepting cash only, the second highest specialty after dermatology.

There are only 8,000 practicing child and adolescent psychiatrists in the United States.

On average, there are 11 child and adolescent psychiatrists per 100,000 children in the United States.

Practicing Child and Adolescent Psychiatrists

Select a state for county population and workforce data



We want to hear from you!

- Are you aware of challenges in your community with access to behavioral health care treatment?
 - Yes
 - No

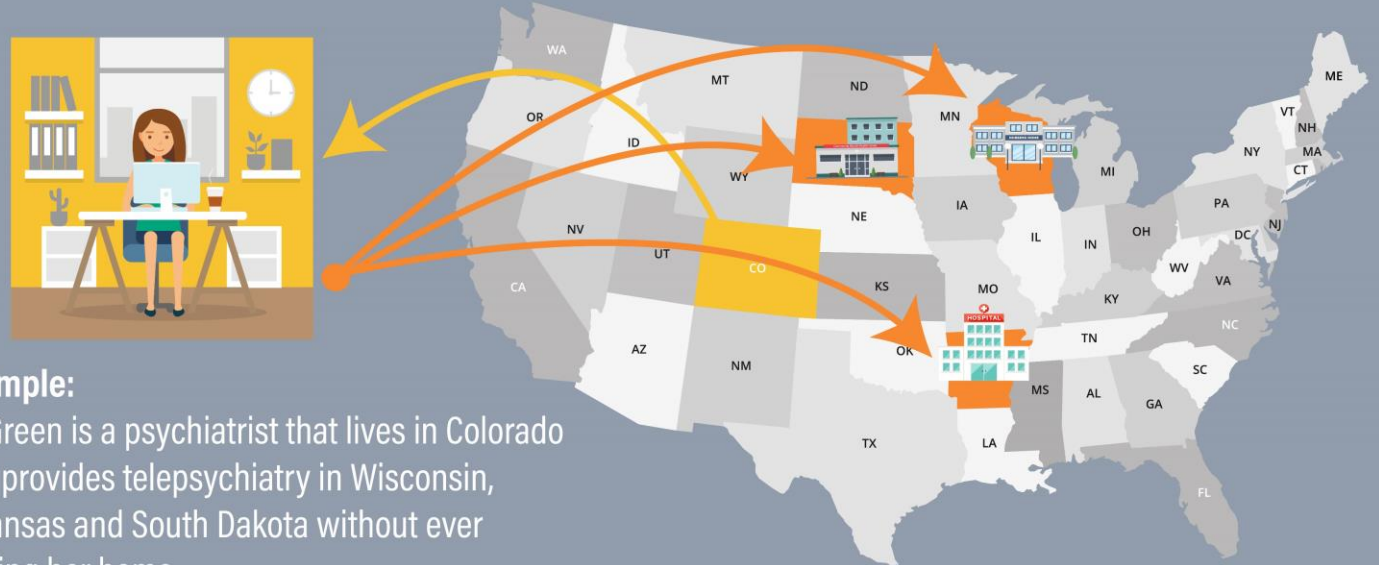


Telepsychiatry as a Solution

Because there are so few practicing child and adolescent psychiatrists, geography of your clinic locations can be very limiting to the providers that you can recruit. Telepsychiatry removes geography as a barrier, telepsychiatry companies can recruit child & adolescent psychiatrists from all over the country, regardless of where they are located and gets them licensed in the states that have a need.

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Support for Telepsychiatry

- “Telemedicine in psychiatry, using video conferencing, is a validated and effective practice of medicine that increases access to care. The American Psychiatric Association supports the use of telemedicine as a legitimate component of a mental health delivery system to the extent that its use is for the benefit of the patient, protects patient autonomy, confidentiality, and privacy; and when used consistent with APA policies on medical ethics and applicable governing law.” -American Psychiatric Association Telepsychiatry Policy (February 2018)
- Studies demonstrate comparable results to in-person care and in many cases, improved outcomes over the current standard of care.
- Telepsychiatry has also provided increases in clinic efficiency, a variety of available care, increased access, provider flexibility and positive outcomes.



Kids love telepsychiatry!

- Technology is how kids communicate these days, it's part of their every day life. There is no hesitation to connect with me via this technology with children.
- The special ways I connect with my kids and their families with telepsychiatry.
- High patient satisfaction surveys.



Questions & Answers



If your community is need of additional providers and we can be of help to you, please contact us today at

www.innovatel.com

or

you can email me at Lauren.Lashbrook@innovatel.com

