

Child and Adolescent Mental Health Issues of Today (Including Cyberbullying)

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**Raising
children is an
uncertain
thing; success
is reached
only after a
life of battle
and worry.**

- Democritus

quoteof1min.com

Distressed Teens



Mental Health is a Real Disease


- It is not what we are used to or trained for
- It is not Asthma, Diabetes, or Infections
- It is Disappear, Emotions, Feelings of hopelessness
- Mental Health issues have become one of the most common acute and chronic problems of primary care
- Outpatient and inpatient
- 30% of all office visits
- Estimated 40% by 2020
- Deal with this every week, large inpatient problem



The Nations Numbers

- From 2017, US Dept. of HHS and National institute of mental health
- 1 out of 5 adolescents have a serious MH disorder
- 1/2 of all MH problems begin by age 14
- Depression is the most common (1 in 8 adolescents)
- Numbers have increased 1/3rd from 2005-2014
- 70% of youth in State and Local juvenile systems have a diagnosis of Mental Illness

North Dakota Statistics




- Increasing number of suicide attempts
- Increasing reports of depression
- From 2007-2015:
 - Teens who seriously considered attempting suicide in the last 12 months, increased from 10.4%-16.2%
 - Teens who made a plan for suicide from 8.8%-13.5%
 - Teens who attempted suicide from 8.1%-9.4%
 - Teens who have serious depression from 17.1%-27.7%
- ND spent \$72 per capita on MH services, only 1.4% of our total state spending

Types of Child and Adolescent Mental Health Problems

- Disorders of Social Interaction
 - Autism
 - Aspergers Syndrome
- Internalizing Disorders
 - Anxiety Disorders
 - Depression
 - Trauma Responses (PTSD)
- Externalizing Disorders
 - Attention Deficit Hyperactivity Disorder
 - Conduct Disorder

- Self Destructive Disorders
 - Eating Disorder
 - Substance Abuse
 - Self-Harming Behavior

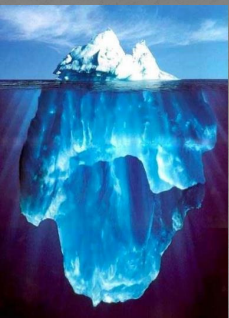


- Early onset major mental illness
 - Schizophrenia
 - Bipolar Disorder

Adolescent Development Challenging Characteristics

Stages	Early (10-14)	Mid (15-17)
Intellectual/ Cognition	Concrete thought dominates Cause-effect relationships underdeveloped	Very self-absorbed Growth in abstract thought Reverts to concrete thinking under stress
Autonomy	Challenges Authority "anti-parent" Mood Swings Argumentative and disobedient	Conflict with family Ambivalence about emerging independence
Identity Development	Questions about being "normal" Goals change frequently Feels "no one understands" Desire for privacy	Experimentation; sex, drugs, risk-taking behaviors Strong peer allegiances

What is under the surface ?



Unique Characteristics of Child Mental Health Problems

- Often represent gene-environmental interactions
- Impact development and overall skill acquisition
- Affect and are affected by family relationships and family behavior, impacted by socio-economic status
- Culture and ethnicity
- Capacity to modulate emotions, and manage behavior
- Early recognition and early effective treatment significantly reduce mortality and morbidity
- Sources of resilience and risk strongly influence the occurrence and course of child and adolescent mental health problems

Sources of Risk

- Poverty
- Recent move or immigration
- Marked marital or post separation conflict Family violence, abuse or neglect
- Community disruption and media influence
- Poor resource availability
- Sexual preference, gender identity and self perception

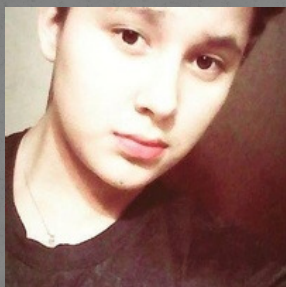


From Depression to Suicide

- 90% of suicides coincide with major depression
- Suicide is the 2nd leading cause of death in 15-24 yo
- Unintentional injury is #1, Homicide is #3, and Cancer related death rounds out #4
- Numbers have increased 1/3rd from 2005-2014
- Let's look at examples of such tragedy

Chance Houle

Took her life March 31, 2018



Hospital Admissions

- The number of children and adolescents admitted to the hospital with thoughts of suicide or self-harm have doubled in the last decade
- 50.4% are 15-17 year olds
- 36.9% are 12-14 year olds
- 12.7% are 5-11 year olds
- Most common is drug overdose
- 66% were discharged, 21% transferred, 10% to acute care facility and 2% result in death
- 80% of those who die had a previous attempt

Cyberbullying

- The 21st-century bully doesn't hang out on the street corners looking to shake kids down for their lunch money
- Cyberbullies are hiding behind their computer screens to torment their targets



CYBERBULLYING PREVALENCE

- 80% of teens use cell phones regularly
- 90% of middle school students they polled had their feelings hurt online
- 65% of their students between 8-14 have been involved directly or indirectly in a cyber bullying incident as the cyber bully, victim or friend
- 50% had seen or heard of a website bashing of another student
- 75% had visited a website bashing
- 40% had their password stolen and changed by a bully (locking them out of their own account) or sent communications posing as them
- Problems: Only 15% of parent polled knew what cyber bullying was

More facts – Middle School

- Most teens are online: 91% have an email address; 60% have an instant-message screen name; and 72% have profiles on social networking sites (Harris Interactive. 2009).
- 77% of 8 to 15 year-olds said they'd rather give up TV than give up the Internet (Pangea Media and Ypulse, 2009).
- 27% of all 9- 17 year-olds work on blogs or other online spaces at least three times a week (Grumwald Associates, 2008).
- 1 in 5 kids 8-17 say they do things online that their parents would not approve of (Norton Online Living Report, 2007).

www.commission.org 2010

Facts – High School

- 93% of 12 to 17 year-olds go online (Pew .2010).
- 22% of all teen girls – 11% of teen girls ages 13-16 years old – say they have electronically sent or posted online, nude or semi-nude images of themselves (National Campaign to Prevent Teen and Unplanned Pregnancy and CosmoGirl.com 2008).
- As of February 2010, 73% of wired teens now use social networking websites (Pew. 2010).
- 43% of teens are exposed to cyberbullying in one form or another, yet only 1 in 10 have told their parents (U.S. National Crime Prevention Council. 2008).

www.commission.org 2010



Impact of cyberbullying

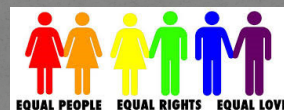
- Undermines confidence, self-esteem and sense of security (lack of ability to control or stop it)
- Affects performance and attendance at school
- Causes stress and affects health
- Results in negative offline behavior, such as running away from home
- Fuels prejudice in areas such as race, religion and sexuality
- Can lead to suicidal thoughts (2x as likely)
- Vicious cycle: in response targets are more likely to become bullies themselves

Impact

1. Online communications can be extremely vicious
2. No escape – victimization is ongoing, 24/7
3. Material can be distributed worldwide and is often irretrievable
4. Cyberbullies can be anonymous and can solicit the involvement of unknown “friends”
5. Teens may be reluctant to tell adults because they are emotionally traumatized, think it is their fault, fear greater retribution or fear online activities or cell phone use will be restricted

Discrimination

- 85% of LGBT students report being bullied within the last year because of sexual orientation
- 55% feel unsafe in school or have missed school days
- Increased problem for overweight teens and different ethnic groups



How to address the problem

- The challenge: Parents/ Adults often lack the technical skills to keep up with online behaviors
- Involvement
- Create "technology use contracts" with children with consequences
- Ask their friends
- Keep a log of dates and times and report it if needed
- Access websites for help
 - Stopbullying.gov
 - Dosomething.org

So what do we do about it?

- Some ideas on dealing with and treating mental health problems in Children and Adolescents



- The problem is there are only 7,000 child and adolescent psychiatrists in the US and 7.5-8 million children and adolescents with mental health problems

SKILL BUILDING

Children aren't born knowing this, we have to teach it

Instead of "NO!", brainstorm together:
 "What are you trying to accomplish?"
 "What do you think might happen if you do this or... ?"

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Assessment - talking to adolescents

- Talk to them!
- Be clear and avoid jargon
- Be yourself and don't try to be trendy
- Be honest and open
- See the parents
- Explore ambivalence but use your authority if needed – be clear about consequences
- At an operational level build relationships
- Ask direct questions- Suicide, eating disorders

Strategies: What Works for Primary Care

New Models of Care

- New roles of staff within primary care
- New applications of technology
- Collaborative arrangements with community-based MH / SA / developmental specialists
- Co-location of specialist(s)
- Integration of a specialist(s)
- Child psychiatry consultation by telephone, telemedicine, face-to-face



"You treat a disease, you win, you lose. You treat a person, I guarantee you, you'll win, no matter what the outcome." - Patch Adams

I Thank You and They Thank You As
Well. Good Luck Out There!!!

