FINDING GAIN IN THE LOSSES

STRATEGIC SOLUTIONS TO THE MENTAL AND BEHAVIORAL HEALTH CRISIS IN CHILDREN AND YOUTH

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Policy Dialogue Meeting's Proceedings
Hosted by the Child, Adolescent, and Family Expert Panel in collaboration with the Expert Panels on Psychiatric, Mental Health, and Substance Use as well as Trauma and Violence
FINDING GAIN IN THE LOSSES: STRATEGIC SOLUTIONS TO THE MENTAL AND BEHAVIORAL HEALTH CRISIS IN CHILDREN AND YOUTH

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INTRODUCTION

In June 2022, the American Academy of Nursing (Academy) hosted a policy dialogue on “Finding Gain in the Losses: Strategic Solutions to the Mental and Behavioral Health Crisis in Children and Youth.” The Academy’s Child, Adolescent, and Family Expert Panel, in collaboration with the Expert Panels on Psychiatric, Mental Health, and Substance Use as well as Trauma and Violence, convened this dialogue to discuss policy issues associated with the national crisis of chronic stress for children, youth, and families. Recent reports have shown that the COVID-19 pandemic has impacted the mental and behavioral health of U.S. children and adolescents and increased awareness of societal inequities in this public health crisis.

This policy dialogue provided participants the opportunity to gain insights from leading experts in trauma-informed care, resiliency, and school mental health as well as community-led initiatives. Participants were able to explore the critically important policy implications related to these issues and how the profession can advance them.

This document contains highlights of the event, including:

- A summary of the main session guest speaker content, as well as the open discussion;
- Key takeaways; and
- Recommendations to leverage nursing in promoting compassionate wellness strategies that support children, youth, and families.

FEATURED SPEAKERS

Bridgette (Brawner) Rice
PhD, MDiv, APRN
Richard and Marianne Kreider Endowed Professor Nursing for Vulnerable Populations
Villanova University M. Louise Fitzpatrick College of Nursing

Jill Bohnenkamp
PhD
Core Faculty & Clinical Assistant Professor
National Center for School Mental Health,
University of Maryland School of Medicine

Melissa Gomes
PhD, APRN, PMHNP-BC, FNAP, FAAN
Associate Professor, Associate Dean for Diversity, Equity, and Inclusion
University of Virginia School of Nursing

Annie Lewis O’Connor
PhD, NP-BC, MPH, FAAN
Founder & Director C.A.R.E. Clinic,
Brigham and Women’s Hospital

Moira Szilagyi
MD, PhD
President
American Academy of Pediatrics

ABOUT THE AMERICAN ACADEMY OF NURSING

The American Academy of Nursing (Academy) serves the public by advancing health policy through the generation, synthesis, and dissemination of nursing knowledge. Academy Fellows are inducted into the organization for their extraordinary contributions to improve health locally and globally. With more than 2,900 Fellows, the Academy represents nursing’s most accomplished leaders in policy, research, administration, practice, and academia.

Expert Panels are one of the major forces within the Academy for developing new knowledge to transform health policy. Through consensus building and collaboration, Academy Expert Panels advance evidence-based solutions to the most complex health care challenges. By hosting Policy Dialogues, Expert Panels lead engaging discussions to further enhance awareness and develop policy proposals that work to achieve the Academy’s vision of healthy lives for all people.
Even prior to the COVID-19 pandemic, Dr. Szilagyi underscored that there was a crisis of hopelessness among children and youth, pointing to increases in mental health and substance use disorders, self-harm, and suicide. Suicide rates have been rising with significant disparities by race, ethnicity, gender, and sexual identity, becoming the second leading cause of death for youth 10-24 years of age in 2018.[2] During the pandemic, rates of depression, anxiety, and suicidality only increased. To address this growing challenge, Dr. Szilagyi discussed work that the AAP has undertaken, including the creation of a blueprint for youth suicide prevention in partnership with the American Foundation for Suicide Prevention and the National Institute of Mental Health. [3] The blueprint, which is the first major interdisciplinary effort to merge suicide risk-reducing strategies into pediatric care and community settings, is designed for all professionals who interact with youth—whether in schools or faith- and health-based organizations.

The COVID-19 pandemic disrupted the routines that would normally moderate stress levels and deepened the preexisting inequities children face in access to housing, employment, health care, education, nutrition, and technology, especially for minoritized and marginalized groups. Millions of children in the United States live in poverty, and the historical embedding of racism in systems, including health systems, has impacted them. Faced with rising concerns over the trajectory of child mental health, the AAP along with the American Association of Child and Adolescent Psychiatry and the Children’s Hospital Association, declared a state of emergency in child mental health.[4] These organizations called for increased investment at all levels to increase access to child mental health services, invest in integrated care at primary care offices, and expand the pediatric mental health workforce.

“We really can’t treat our way out of this crisis. It’s really why it’s so important that we’re all here this morning to acknowledge a generation marked by the trauma of disruption, isolation, and loss, and how this has to inform the care we provide,” Dr. Szilagyi highlighted.

Moving forward, Dr. Szilagyi emphasized the critical need to move from a problem-focused model in pediatrics to one of holistic trauma-informed relational care rooted in the sciences of attachment, resilience, brain development, and evidence-based mental health care.

“Though the pediatric mental health crisis is dire, the good news is we know what works. We know how to fix this. Together through our leadership and our work as clinicians, educators, researchers, and advocates, we can repair the world for the next generation and create a future in which all children thrive,” Dr. Szilagyi concluded.
As a researcher, educator, and clinician, Dr. Melissa Gomes has focused on youth disproportionately affected by negative environmental factors. She is the founder of two community-based, nurse-led practice models: The Ethos Leadership Project, an alternative to suspension or behavior modification treatment strategy for at-risk students; and Transitions Empowerment Associates, an outpatient mental health care practice model providing mental health services.

In her remarks, Dr. Gomes discussed the impact of stress and its cumulative effects on youth. While stress can be positive, for example helping children to achieve their goals, it can also be negative if the stress is repeated and chronic. The COVID-19 pandemic as well as social unrest, economic instability, and violence have brought unrelenting, chronic stress to children and youth. Dr. Gomes discussed the concept of allostatic, how cumulative stress causes dysregulation of the hypothalamic–pituitary–adrenal axis, and explained the additive stress model, which shows that the body is primed by previous stressors resulting in an exaggerated stress response when exposure occurs. Dr. Gomes explained that psychosocial stress and Adverse Childhood Experiences (ACEs) have been linked to poor health outcomes. The key to addressing these negative outcomes are resiliency processes. The learned coping strategies of children and youth can help transform a stressor from something they feel they cannot handle, to a challenge that they feel prepared to overcome.

Dr. Gomes further explained that stress has multi-system impacts. In terms of neurological impacts, children’s memory or emotion regulation may be affected. Within the immune system, there is an increase in inflammatory markers as well as microbiome changes, which could present as headaches or stomachaches. Heightened levels of cortisol and circulating hormones may contribute to obesity or weight gain. There may be changes in blood pressure and altered decision-making as well. These effects all result from the impact of repeated stressors on the body. Dr. Gomes emphasized that it is critical to dig deeper into root causes when children present these types of changes.

Dr. Gomes shared that within the Ethos Leadership Project that she leads, many of the students participating in the program were being suspended at disproportionate rates due to behavioral presentations. Understanding what is happening in their lives and how they perceive what is happening to them is critical to their care and treatment, Dr. Gomes concluded.

Dr. Bridgette Rice is a recognized behavioral health and intervention development expert who has worked on HIV & sexually transmitted infections (STI) risk reduction programs both locally and internationally for youth with mental illnesses and difficulties with emotion regulation. Recently, her research has explored factors such as neighborhood disadvantage with the aim of preventing disease and promoting health equity. In her remarks, Dr. Rice discussed the impact of the COVID-19 pandemic on children and youth as well as how research can inform policy solutions to address current challenges.

Globally, depression and anxiety have doubled and there has been a 51 percent increase in suicide attempts among US youth, particularly adolescent girls.[1] Additionally, hundreds of thousands of children have experienced the death of a parent or grandparent due to COVID-19. This has translated into fatalistic attitudes among young people as well as hopelessness or sadness. Poor school performance and developmental delays are further consequences of the COVID-19 pandemic.

Dr. Rice emphasized the importance of being proactive rather than reactive in responding to these concerning trends. She shared that each individual has a role to play in creating the changes that will positively impact children and youth and end the current crisis, which will likely play out for years to come.
She emphasized that the majority of children and adults hospitalized in inpatient behavioral health settings and substance use disorder settings have a history of trauma. Traumas overlap across individual and interpersonal events, and even more broadly, Dr. Lewis O'Connor shared that trauma is also the cultural, historical, and political or economic events that impact individuals and communities across generations. These traumas include institutional barriers as well as inequities tied to social determinants of health.

Dr. Lewis O'Connor emphasized that even though many are able to recover from severely traumatizing experiences, adapting to neurological changes in response to trauma can be challenging. When trauma is not recognized and addressed, it can affect many aspects of life including behavior, health, ability to learn, and relationships. Integrating trauma-informed care principles into policies and practice can help prevent re-traumatizing individuals and instead promote pathways to recovery. “Our challenge and our opportunity here is to really develop a pedagogy that advances health equity and social justice with mindful intention and attention to traumas that are rooted in structural racism, oppression, and explicit bias,” Dr. Lewis O'Connor shared.

As Assistant Professor and core faculty at the National Center for School Mental Health at the University of Maryland School of Medicine, Dr. Jill Bohnenkamp focuses on many facets of community mental health. Her research focuses on behavioral, academic, and school safety outcomes of school mental health service provision, mental health training for educators and pediatric primary care providers, and ways to increase access to evidence-based mental health services for youth and families. In her remarks, Dr. Bohnenkamp discussed actionable steps for attendees to promote mental health resources in their communities.

A key step Dr. Bohnenkamp highlighted is the promotion of comprehensive school mental health systems, which are multi-tiered systems of support. The basis of the system is grounded in mental health promotion through school climate and social-emotional learning; followed by prevention and early intervention; and mental health intervention and treatment. Faced with the increasing levels of trauma and mental health challenges in youth, Dr. Bohnenkamp emphasized that mental health promotion is essential in this system. To actualize comprehensive school mental health systems, numerous partnerships within the community are needed including with nurses and pediatric providers. Dr. Bohnenkamp encouraged participants to consider how they might promote mental health and partner with their communities to ensure youth are connected to the mental health resources they need.
Event attendees participated in an open discussion centered around three objectives: recognize the impact of stress on the family system through the lens of family and developmental systems; discuss strategies to mitigate the effects of chronic stress; and discuss strategies to increase resiliency in families, children, and youth and in systems that support wellness.

**Objective 1:** Recognize the impact of stress on the family system through the lens of family and developmental systems.

In response to Objective 1, participants discussed research indicating that students with chronic medical conditions do not view school nurses as a mental health resource within the school system.[5] Rather, these students, when facing mental health challenges, may be directed to guidance counselors. An opportunity for greater collaboration across school professionals, including between nurses and guidance counselors, was identified. Another participant discussed the COVID-19 pandemic’s impact on children and families in terms of increased loneliness and isolation. Participants recommended rethinking guidelines for youth and adolescents to include psychological screenings and added that community services should be better leveraged to connect youth with mental health professionals when needs for services are identified. Participants discussed the support needed for parents to recognize signs of mental health concerns and foster communication with their children as well.

**Objective 2:** Discuss strategies to mitigate the effects of chronic stress.

In response to Objective 2, participants discussed starting early to address mental health with nurse home visiting programs for mothers and infants from pregnancy through early childhood. For example, the Health Resources and Services Administration’s (HRSA) Maternal, Infant, and Early Childhood Home Visiting Program has supported home visits for parents living in communities at risk for poor maternal and child health outcomes.[6] Early interactions help children develop healthy stress responses and mitigate potential effects of stress.

Additionally, a participant discussed the importance of environmental health and removing pollutants that can alter neurodevelopment. Participants further discussed the Bipartisan Safer Communities Act [Public Law 117-159][7] and the need for nurses to be involved with the new funding allocated for school-based mental health services and the Children’s Health Insurance Program.

Addressing exposure to stressors such as violence was also a need identified by participants, as well as removing barriers to practice for psychiatric nurse practitioners across the US. Participants further identified food provided to children and youth at schools and issues with adolescents’ sleep amounts as areas to examine. Since most foods provided to children and youth at school are high in carbohydrates, the nutrition available to them may not be supportive of their overall health and well-being. Sleep is another studied factor that impacts child and youth development as well as well-being and thus should be included in health promotion.

Participants discussed a need to fund more initiatives to further knowledge on recognizing the risks for children. These studies would produce better measures with predictive validity that not only encompass the factors that are known to be directly associated with mental health outcomes but also factors that affect youth overall.
Objective 3: Discuss strategies to increase resiliency in families, children, and youth and in systems that support wellness.

In response to Objective 3, participants discussed the importance of including children’s and families’ perspectives as bills addressing trauma are being developed. Two such bills before the United States 117th Congress noted were S. 2086 - RISE from Trauma Act, and H.R. 3792 - STRONG Support for Children Act of 2021.[8] Participants also discussed the need for more resources to be allocated for children across settings and for improved integration of resources to ensure that children and parents are familiar with and have access to them.

Participants discussed the shortage of pediatric mental health providers that is impacting communities, sharing that policies and incentives must be aligned to encourage this segment of the nursing workforce to grow. Participants discussed the potential for the integration of mental health in primary care services as well.

Additionally, the importance of cultural and individual beliefs in relation to mental health care was discussed. One participant shared that the Black and Brown students at her institution were often less comfortable seeking care for mental health needs. In response, a program was developed to bring in providers from diverse backgrounds to meet the students in an environment they are comfortable in.

KEY TAKEAWAYS

The Impact of Toxic Stress and the COVID-19 Pandemic on Children and Youth Must be Addressed

The COVID-19 pandemic has exacerbated stress and increased rates of depression, anxiety, and suicidality among children and youth. The impacts of this stress and disruption will be felt for years to come.

Trauma-Informed Care Must Inform Policies and Practices for Children and Families

Integrating trauma-informed care principles into policies and practice can help promote healing and wellness for children and families.

Mental Health Care Provision Must be Culturally-Sensitive with Attention to Health Equity and Social Justice

Cultural and individual beliefs on mental health and seeking care must be considered when planning for care design in order to promote health equity and access.
Comprehensive School Mental Health Systems Must be Implemented

Multi-tiered systems of support for youth can help them manage stress and access needed resources.

Nurse Home Visiting Programs Must be Implemented for the Well-being of Children and Families

Nurse home visiting programs can connect parents and young children with the care and resources they need to build the foundation for healthy lives.

Children and Families Must Have Access to Psychiatric Nurse Practitioners and Mental Health in Primary Care

Removing barriers to practice for psychiatric nurse practitioners and integrating mental health as a component of holistic health can empower children and families to receive the care they need.

RECOMMENDATIONS

Recommendation 1: Remove barriers to practice for psychiatric nurse practitioners that limit their ability to work with children and families.

Recommendation 2: Encourage school-based and nurse-led mental health intervention programs that encourage youth to connect with mental health resources earlier and more often.

Recommendation 3: Fund research on how to improve outcomes and interventions for children and youth who have experienced ACEs and continue to face adverse life events.

Recommendation 4: Incorporate mental health into primary care services and screenings.

Recommendation 5: Implement trauma-informed care principles into schools.

Recommendation 6: Encourage partnerships between health professionals and communities to expand access to mental health resources.

Recommendation 7: Fund nurse home visiting programs such as HRSA’s Maternal, Infant, and Early Childhood Home Visiting Program.
REFERENCES


[8] As of this report’s publication, both bills have not been reintroduced in the 118th Congress.

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