



Transforming Mental Health

Fall/September 2021

LEADING THE WAY FOR CHILDREN TO LIVE THEIR BEST LIVES

A QUARTERLY NEWSLETTER

National Suicide Prevention Awareness Month



September is National Suicide Prevention Awareness Month, and we can all benefit from honest and compassionate conversations about mental health and suicide. According to CDC data, suicide is the second leading cause of pediatric death in the U.S., and San Diego County data shows that the number of deaths by suicide in children under 18 nearly doubled between 2010 and 2019. Early identification and treatment of mental health conditions leads to better long-term outcomes, so awareness of the risk factors for and warning signs of suicidal thoughts in youth is critical to preventing suicide attempts.

Risk factors may include:

- ⌘ Significant mental health disorder, usually depression
- ⌘ Family history of suicide attempts
- ⌘ Exposure to violence
- ⌘ Impulsivity
- ⌘ Aggressive or disruptive behavior
- ⌘ Access to firearms
- ⌘ Bullying
- ⌘ Feelings of hopelessness or helplessness
- ⌘ Acute loss or rejection

Warning signs may include:

- ⌘ Openly suicidal statements or comments such as "I wish I was dead," or "I won't be a problem for you much longer"
- ⌘ Changes in eating or sleeping habits
- ⌘ Frequent or pervasive sadness
- ⌘ Withdrawal from friends, family and regular activities
- ⌘ Frequent complaints about physical symptoms often related to emotions, such as stomachaches, headaches, fatigue, etc.
- ⌘ Decline in the quality of schoolwork
- ⌘ Preoccupation with death and dying

How can we help? Many parents hesitate to start a conversation about suicide because they fear putting these thoughts in their child's head. However, asking your child about their mental health can give them an opportunity to talk about any issues and reassure them that you care. Below are examples of specific questions you can ask:

- ⌘ Are you feeling sad or depressed?
- ⌘ Are you thinking about hurting or killing yourself?
- ⌘ Have you ever thought about hurting or killing yourself?

Always err on the side of caution – any child or adolescent with suicidal thoughts or plans should be evaluated immediately by a trained and qualified mental health professional. If they are in an emergency, call The National Suicide Prevention Lifeline at 800-273-TALK (8255), text HOME to 741741, or dial 911 immediately. Together, we can help kids get the help they need and prevent mental health crises.

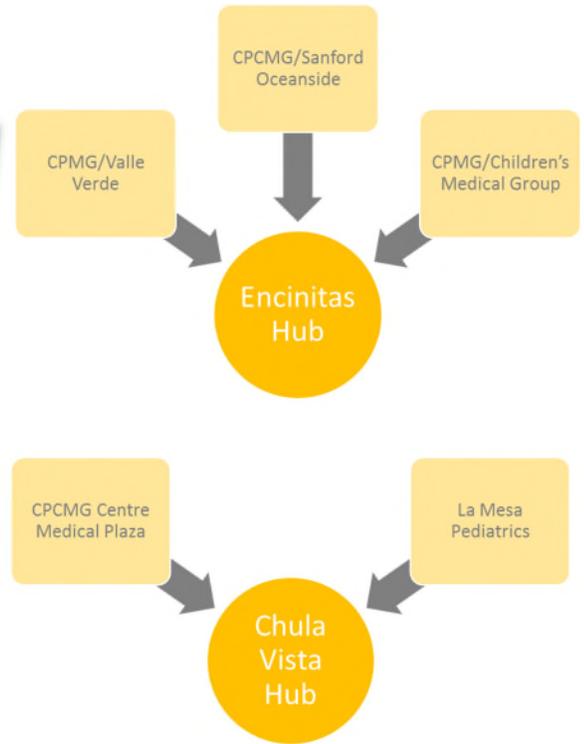
The Regional Behavioral Health Hubs

TMH’s Regional Behavioral Health Hubs are a key feature of the Primary Care Mental Health Integration Program. When longer-term therapy is warranted for a patient at one of the integrated pediatric primary care sites, the Integrated Health Therapist (IHT) can refer the patient to one of two Hubs. The IHT and the pediatrician collaborate to determine when a Hub referral is needed.

The Hubs are staffed by child and adolescent psychiatrists, psychologists, and licensed clinical social workers who can provide care for more complex or high risk cases of mental health diagnosis. While the IHT model in the primary care site is short-term and usually four to six sessions in length, the hub model features longer-term treatment plans of 12 or more sessions.

The Hubs are also staffed by care coordinators including a partnership with the Vista Hill Foundation. Care coordinators work closely with the TMH clinical team to provide case management to families who need help connecting to mental health resources.

Currently, there are two Regional Behavioral Health Hubs; one in South Bay and another in Encinitas. Two more hubs are planned in Mid-City and Southern Riverside for opening in 2022.



Since December 2020:

1,982

Completed Hub Appointments



Rady Children’s mental health initiatives will be featured in a special edition of *USA Today*. Look for the special issue for Suicide Prevention Awareness Month on September 1!

Welcome, Dr. Gibney!



Dr. Joshua Gibney joined the TMH Initiative in July. He was the Chief Resident of the Triple Board Residency Program at the University of Utah – a program that specifically trains physicians to become pediatricians and child and adult psychiatrists, bringing expertise to pediatric integrated care. As part of his training, Dr. Gibney worked in the Mental Health Integration (MHI) program at Intermountain Healthcare, an organization with two decades of experience implementing a team-based MHI model that is integrated into primary care practices and has achieved strong patient health outcomes. We are fortunate to have recruited Dr. Gibney to join our TMH Primary Care – Mental Health Integration (PCMHI) program, where he brings a wealth of knowledge on Primary Care – Mental Health Integration to enhance our program and work together to establish a best in class service

that focuses on early identification and intervention, evidence-based best practices, measurement based care, and improves patient and PCP satisfaction, and patient outcomes.

Dr. Gibney will be providing evaluations and clinical treatment for our children and their families across our growing network of sites, as well as providing consultation support and mental and behavioral health management education to our PCP partners. Joshua joins Jason Schweitzer, MD, who has been a pioneer for our program and a wealth of knowledge around pediatric integrated care. Joshua will also play a key role in program development, training and education, community outreach and supporting our integrated therapists and pediatric primary care partners. We are very excited to have him as a part of our Transforming Mental Health Initiative.

Dr. Bird's Corner



Dr. Anne Bird is the Medical Director of the Primary Care Mental Health Integration Program.



San Diego Access and Crisis Line
(suicide prevention/intervention hotline)
(888) 724-7240

American Academy of Child and Adolescent Psychiatry
<https://www.aacap.org>

As the summer draws to a close many kids are heading back to in-person school. I've talked to so many families and kids about this up-coming transition – the excitement, the relief, the anxious anticipation, the unknown, the potential. All on the back of the ongoing debates in the media, and in our community, around the delta variant, masking, and vaccination-status with school re-entry plans.

What is not up for debate, however, is the clear benefits of school – our children are primed for social learning, academic stimulation, communal rules, and structure – all dimensions that in-person school can enhance. The American Academy of Pediatrics and Child and Adolescent Psychiatry are in support of school re-opening, with safety guidelines in place.

There is no doubt this transition will have stressors for every family – re-establishing a new, but familiar routine, re-connecting face-to-face with teachers and coaches, and navigating social interactions with friends and peers are not easy to do, and will inevitably trigger comfortable and uncomfortable feelings. These uncomfortable feelings may be especially difficult for kids with recent loss and hardships due to COVID, as well as kids with underlying anxiety, developmental or other mental health struggles, triggering possible flare ups, extended grief, and regressive behaviors.

So what can we do to help our kids have a smooth transition? First, talk to the kids in

your life about their fears, hopes, and worries – they might surprise you. Practice non-judgmental listening, and support them in being comfortable with discomfort. Next, gradually re-acclimatize kids to a schedule – give them time to re-enter, time to readjust, and praise or reward them every step along the way. Lastly, make health and mental wellness a priority in the family. Model for them healthy lifestyle choices – sleep, exercise, fun activities; and positive outlooks like resilience, balance, and self-worth. These are good ways to help our kids reach their full academic and social potential.

On a separate, but intertwined note, September is suicide prevention month. Youth suicide in the US is increasingly common – the ultimate tragedy, and so often preventable. As per AACAP, suicide is the 2nd leading cause of death in youth aged 10-19 years. There has been recent media attention on how more of our younger kids are contemplating suicide as a solution to their distress.

What can we do? We need to ask, act and advocate. Ask the kids in your life about suicide and depression. Take action to help them get the treatment they need ((888) 724-7240). Advocate for the needed policy changes that would ensure our youth at risk for suicide get urgent identification and immediate accessible clinical interventions. We should be demanding this action and drawing attention to this crisis twelve months of the year.

A Chat with Jasmine Perez, MSW

PCMHI Integrated Health Therapist

Describe your professional background and how it led you to where you are today. I have a BA in Human Development with a minor in Sociology from CSUSM and an MSW from SDSU. I have worked in different community agencies working with children that have experienced abuse and neglect, at risk youth, domestic violence survivors, and the child welfare services system.

What sparked your interest in mental/behavioral health? I became interested through my work with at risk youth and children that have experienced abuse and neglect of minority communities. I love being able to support families with making changes to their family system to improve their mental and physical wellbeing.

What is most gratifying about working within an integrated care model at Sanford/Oceanside? The most gratifying part of being in integrated care is working with the children and

youth and supporting them in learning adaptive coping tools to support their mental health; educating families on the importance of taking care of their physical and mental health needs; and working with the providers to provide a rounded approach to patient care.

What podcast/app/mental health website do you recommend (for clinicians or families)?

www.childmind.org
www.psychologytoday.com —both have different articles on a range of mental health topics. Podcasts: Good Inside by Dr. Becky.

What advice can you offer families regarding their child's mental health, especially as we are approaching the beginning of the school year? Sleep hygiene and routine play a big role in overall well being — try to start a sleep and family routine a few weeks before school starts to support a smooth transition to the new school year.



Children's Primary Care
Medical Group

Jasmine Perez, MSW, Integrated Health Therapist,
and Donald Miller, MD, Lead Pediatrician at Children's
Primary Care Medical Group Sanford/Oceanside.