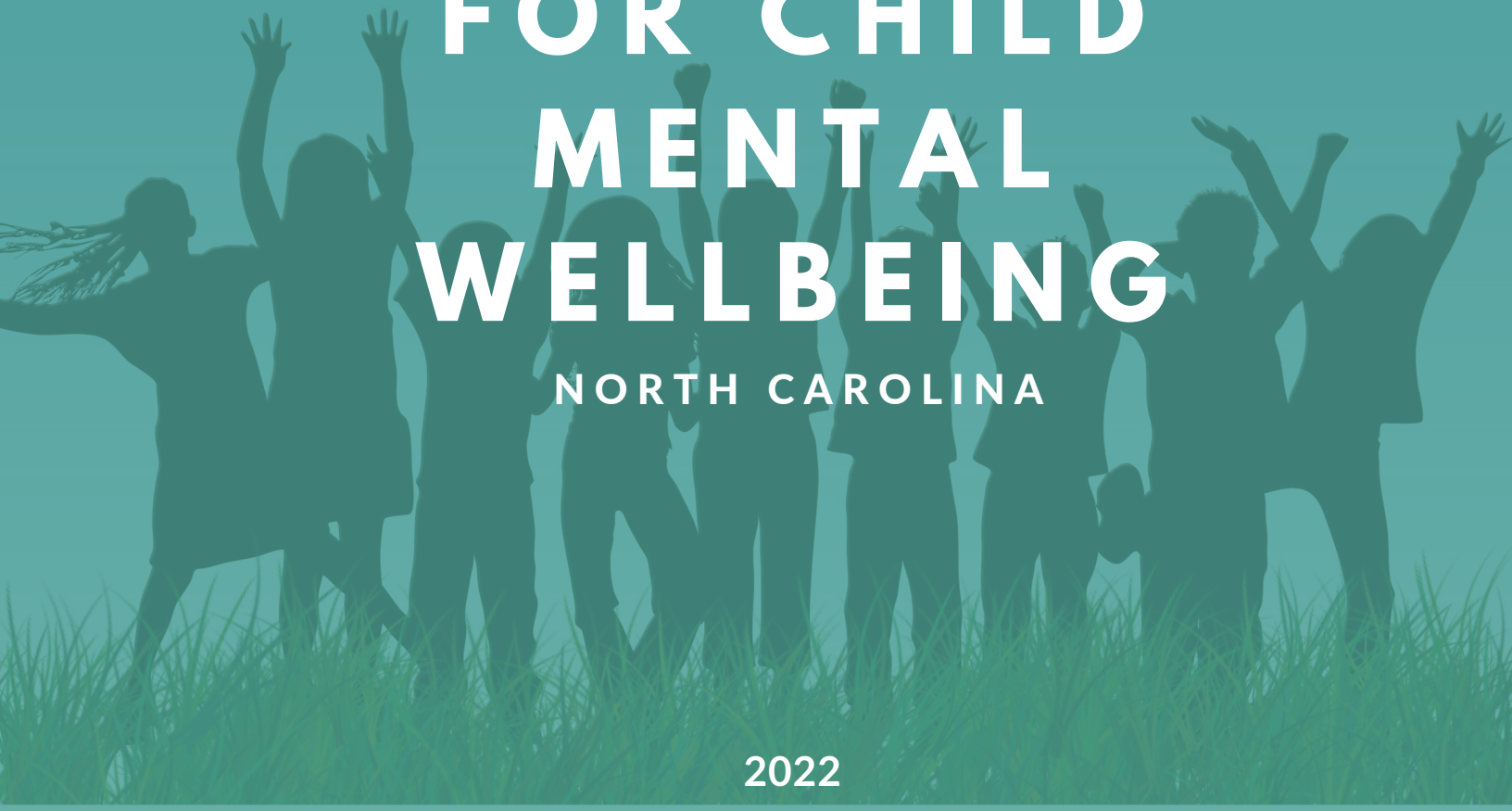
REPORT ON

OPPORTUNITIES FOR CHILD MENTAL WELLBEING

NORTH CAROLINA



2022

CENTER OF EXCELLENCE FOR INTEGRATED CARE

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ADVISORY & ACTION

A National Crisis

The COVID-19 pandemic has wrought havoc, pain, and grief on many North Carolinians. However, amid the hardships of enduring a pandemic, there have also been valuable lessons learned such as the importance of whole person health and the value of relationships. Prior to the onset of the pandemic, there was significant concern about the mental wellbeing of children and adolescents (Perou et al., 2013). Interventions were focused on the impact of social media use, bullying, substance use, eating disorders, combating increased rates of anxiety and depression, and cultivating resilience in the face of adverse childhood experiences (AACAP, 2022).

The state of mental health and wellbeing for children, adolescents, and their families only worsened with the onslaught of the pandemic (Brown et al., 2020; Singh et al., 2020; Walsh, 2020). Recently, US Surgeon General Dr. Vivek Murthy issued an advisory statement to "...highlight the urgent need to address the nation's youth mental health crisis" (Office of the Surgeon General) and the American Academy of Pediatrics, the American Association of Child and Adolescent Psychiatry and the Children's Hospital Association issued a joint statement declaring a national emergency in child and adolescent mental health (AAP, 2021). Typically, children who have accessed behavioral health services are doing so because they were already displaying symptomatic behaviors.

WAITING UNTIL THESE BEHAVIORS APPEAR IN CHILDREN AND ADOLESCENTS IS NO LONGER ADEQUATE TO SUPPORT FAMILIES COPING WITH MODERN DAY STRESSORS.

Pediatric primary care teams have long been partners in helping children, adolescents, and caregivers with behavioral concerns and family dynamics. However, when it comes to mental health support, there is variance in the range of services available at pediatricians' offices, the comfort level medical providers have with mental health, as well as organizational constraints such as appointment times and productivity needs (Bettencourt et al., 2021; Foy et al, 2019). Most recently, to aid in the socio-emotional development of patients, the American Academy of Pediatrics (AAP) updated their guidance around mental health competencies for pediatricians and acknowledged that progress in working with mental health in pediatric practices would take skill-building and require changes in the larger system around reimbursement (Foy et al., 2019). The AAP acknowledged these changes would need to come in gradual stages over time, though this did not discourage them from highlighting the urgent need for a full range of services, indicating that even sub-threshold symptoms in childhood result in adverse outcomes in adulthood. To support their clinicians in addressing mental health concerns, the AAP also recently released an updated toolkit for clinicians to help in addressing mental health concerns (Earls et al., 2021). These efforts from the pediatric world are encouraging, and it is necessary, especially after the weight of the pandemic on primary healthcare. Additional support for these efforts is needed by incorporating mental health team members whose purpose is to provide a full range of mental and relational health services in primary care.

There is limited support and perceived necessity for mental health prevention efforts. However, when considering sub-threshold symptoms in children's emotional, behavioral, or relational health, it is helpful to compare them to how the healthcare system treats a physical health condition such as blood pressure. With an adult whose blood pressure numbers are borderline hypertensive, preventive interventions are a critical first line of defense to ensure that patient has the best chance at staving off a diagnosis of hypertension.

Even before patients are borderline hypertensive, they likely heard messaging about the components of healthy blood pressure. Think about the benefits our children and our communities could reap if we treated mental health with early preventive conversations. While pediatricians are encouraged to screen regularly for behavioral and emotional disorders, experts in the field have noted that

> "*Behavioral and emotional problems and concerns in children and adolescents are not being reliably identified or treated in the US health system*" (Weitzman & Wegner, 2015).

Physical well-child exams typically include a component that screens for the socio-emotional health of the child or adolescent, but providers typically do not have the resources to provide preventive care interventions in the case of sub-clinical threshold behavioral health distress on a routine basis. At the **Center of Excellence for Integrated Care (COE)**, a program of the **Foundation for Health Leadership and Innovation**, we believe that now is the time to augment the regularity and resource support for socio-emotional health screening for children and adolescents and begin implementing tools that can assess the relational health of the children's living context, especially with the impact of COVID-19 on North Carolinians' mental and physical health. There are many programs and entities in North Carolina already working for the good of children and their families, and it is essential to partner with them and build on their knowledge base. Through our work on this project, a few of the statewide stakeholders we consulted with included **NC Child**, **IncK**, the **NCDHHS** newly developed **Division of Child and Family Well-Being**, several **LME/MCOs**, **Prevent Child Abuse NC**, **NC HealthySteps.** Along with our partner, the **i2i Center for Integrative Health**, we also consulted with several provider professional associations as well as several key individuals who have been influential in the child and adolescent policy landscape in North Carolina. There have also been localized, individual initiatives where communities have recognized the need and benefit of a behavioral health wellness screening.

THROUGH OUR RESEARCH AND THESE CONVERSATIONS WITH STAKEHOLDERS, ULTIMATELY, THREE THEMES EMERGED:

1. PREVENTION AS INTERVENTION
2. SUSTAINABILITY
3. TIMELINESS OF ACTION

PREVENTION AS INTERVENTION

First, we must punctuate and amplify the need for a true continuum of services that provides for preventive interventions and decreases the stigma of seeking interventive services when needed. Teaching children, adolescents, and their families that it is acceptable to have a regular annual conversation with a behavioral health professional, just like they have with their primary care provider, helps de-stigmatize the idea of talking about thoughts emotions, and relationships. The medical field has approved prevention as an intervention for many physical health conditions. To fully communicate the importance of whole person health and work towards de-stigmatization of mental health, prevention services for mental and relational health must be made available.

The proposed solution includes amplifying the socio-emotional and relational parts of the well-child exam currently conducted in pediatrics. Pediatricians have long attended to the whole child and understand the undeniable importance of the role of the family. While some primary care offices across North Carolina have integrated a behavioral health clinician, the degree of that integration varies greatly. It is often heavily dependent on the resources available to the clinic and the population's needs. Some clinics have a behavioral health clinician co-located in their office providing traditional hour-long therapy sessions, some function more on the model of brief same-day interventions typically referred to as the Primary Care Behavioral Health model, some can implement the Collaborative Care Model including psychiatric consultation, and others find themselves offering a combination of services. Often there are not enough behavioral health clinicians for these types of positions due to a lack of training and familiarity with integrated behavioral health, or possibly change-fatigued clinics find the idea of integrating a behavioral health clinician daunting. Offices may find the sustainability piece of behavioral health integration possible, but it might feel like too heavy of a lift. Well-equipped behavioral health clinicians can indeed help carry the weight.

To help in this effort, we recommend that clinicians who are interested in filling a role in pediatric primary care take part in training that would focus on prevention through intervention to equip them further to provide such a unique service. Clinicians should also participate in additional family assessment and intervention training as this increased focus on healthy relationships will be recommended. As part of this project, we are conducting a year-long fellowship that will focus on child development rooted in the importance of healthy attachment and relationships. In 2022, we at COE will train approximately 55 clinicians and graduate students, foster their confidence and competence in delivering preventive care, and help provide support to the cohort in 2023. Ultimately, these cohorts would be behavioral health providers who could help partner with primary care offices, either through being embedded in the office or working in close collaboration, to offer this service. However, we understand that the need for this service may be greater than the current sole availability of licensed behavioral health clinicians integrated into primary care.

HOW NORTH CAROLINA COMPARES State Rankings from Mental Health America	2015	2020	2021	2022
Overall State Rank for Youth Mental Health	30	44	45	42
Youth with At Least One Major Depressive Episode in the Past Year	61,000 / 8.11%	95,000 / 12.03%	119,000 / 15.05%	132,000 / 16.68%
Youth with Major Depressive Episodes in the Past Year Who Did Not Receive Treatment	Not Asked	68,000 / 74.3%	77,000 / 60.2%	74,000 / 51.90%
Youth with Major Severe Depressive Episodes in the Past Year	Not Asked	75,000 / 9.80%	98,000 / 12.60%	110,000 / 14.20%
Youth with Severe Major Depressive Episodes Who Received Some Consistent Treatment	Not Asked	12,000 / 17.00%	21,000 / 21.90%	27,000 / 24.90%
Students Identified with Emotional Disturbance for an Individualized Education Program	5,911 / 4.36%	5,349 / 3.81%	5,275 / 3.72%	5,187 / 3.65%
Youth with Private Insurance That Did Not Cover Mental or Emotional Problems	Not Asked	38,000 / 11.90%	33,000 / 10.00%	34,000 / 10.00%
Youth with Substance Use Disorder in the Past Year	46,000 / 6.11%	29,000 / 3.63%	28,000 / 3.57%	31,000 / 3.91%

From Inseparable's Hopeful Futures Campaign, America's School Mental Health Report Card February 2022

SUSTAINABILITY

With prevention at the forefront, based on stakeholder conversations for sustainability, this work should begin with Medicaid beneficiaries in the standard plans. Those beneficiaries enrolled in the tailored plans will already have access to a behavioral health clinician and are likely in treatment. NC Standard Plan beneficiaries would be recipients of these services as their point of entry into the healthcare system is likely to be through their primary care providers, especially those that are in an advanced medical home. In this primary care setting, they ideally will have the support of their primary care provider and the services provided by a behavioral health clinician in a way that decreases the likelihood of escalation of need. Regardless, wherever preventive services are provided, payment and reimbursement processes for a preventive service should be simple. Many pediatric practices in North Carolina have worked to establish a co-located behavioral health clinician at the minimum and are often doing their best to provide whole person care; however, feedback continues to be received regarding sustainability concerns and the challenges of reimbursement. Stakeholders also referenced the continued presence of professional silos, often making whole person care truly the exception rather than the rule. If these behavioral health clinicians can be fully embedded into the primary care office, this will likely ease the provision of preventative services, and the idea that mental health is a critical part of our physical health will take stronger root.

TIMELINESS OF ACTION

Lastly, the idea of timeliness was felt throughout the interviews and through many research publications in the academic and grey literature. In meetings with COE and i2i, interviewees have stated tremendous frustration at the ongoing fight to get prevention covered and to make progress in how North Carolina manages children's wellbeing. While each stakeholder reflected differently on their work and the intersection of their work with this proposed project, there was an explicit agreement regarding the need to "do more yesterday" for children and adolescents' mental and relational health in North Carolina. There is a national trend towards increasing the integration of physical and behavioral healthcare to add value to services for children and families. However, North Carolina has the opportunity to be one of the leaders and innovators with regard to the provision of preventive services on a regular basis for mental and relational health.

THE NEEDED EMPHASIS ON PREVENTION CANNOT BE LEFT UP TO ONE TYPE OF PROVIDER, MEDICAL OR BEHAVIORAL HEALTH, OR ONE PIECE OF THE HEALTH SYSTEM, BUT RATHER IT IS THE RESPONSIBILITY OF OUR STATEWIDE AND LOCAL SYSTEMS AS A WHOLE. WE MUST RE-THINK AND RE-ENVISION HOW TO SUPPORT BOTH CHILDREN AND THE PROVIDERS WHO CARE FOR THEM.

To determine the best route for this type of change, COE and partners will tap into existing workgroups that have strong working relationships and goals that align nicely with the overall plan. For example, the main goal of this current project to increase the availability and accessibility of preventive services for the pediatric population, is in sync with several aims of the NC Early Childhood Action Plan, such as offering preventive health services, fostering safe and nurturing relationships, and increasing social-emotional health and resilience. COE calls on the appropriate parties to make the necessary adjustments in the payment system to allow for payment of preventive services in mental and relational health from infancy through adolescence. For example, stakeholders have suggested exploring a higher bundled rate with a well-child check to ease the billing process if the workflow is done in an embedded fashion and considering specific metrics for child mental health prevention in value-based care. When exploring this expanded vision for children, adolescents, and families' mental and relational health, we must consider that there has been enough talk. The most significant change will come when the system is prepared to take action to provide and pay for preventive services rather than relying on reactive services offered on the crisis end when too much has already been lost.

If you would like to learn more about this initiative please reach out to
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THIS JUST IN

Colorado, Hawaii, and Kentucky pursue legislation for health insurance policies to provide coverage for an annual mental health wellness exam.

CITATION

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