Youth mental health crisis: Trends & treatments with Joan Jeung, MD, MPH

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Featured topic and speakers

Causes contributing to the youth mental health crisis, challenges in treating it and how physicians can help, with Joan Jeung, MD, MPH, a clinical professor of pediatrics at the UCSF School of Medicine. AMA Chief Experience Officer Todd Unger hosts.

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Speaker

- Joan Jeung, MD, MPH, clinical professor of pediatrics, UCSF School of Medicine

Transcript
Unger: Hello and welcome to the AMA Update video and podcast series. Today we're talking about the youth mental health crisis and what physicians need to know. I'm joined by Dr. Joan Jeung, clinical professor of pediatrics at the UCSF School of Medicine in San Francisco. I'm Todd Unger, AMA's chief experience officer in Chicago.

Dr. Jeung, thanks so much for joining us today.

Dr. Jeung: Great to be here.

Unger: Dr. Jeung, we were seeing rising rates of depression, anxiety and other mental health issues among kids and teens long before the pandemic hit. And then with the closure of schools and increased isolation, the problem seemed to have gotten a lot worse. What is the latest data telling us?

Dr. Jeung: Well, the latest figures come from the 2021 Youth Risk Behavior Survey recently published by the Centers for Disease Control. They found that 42% of high school students were reporting that they felt persistently sad or hopeless for at least a two-week period in the past year, and 22% had seriously considered attempting suicide in the past year. It was even worse for female students, where 60% were reporting these persistent depressive symptoms, and nearly 25% had made a suicide plan. And close to 70% of LGBTQ students were reporting that persistent sadness and hopelessness, and nearly 25% reported a suicide attempt in the past year.

Unger: These figures are stunning. When I first read about them, I found them almost unbelievable. How do you react to these kinds of figures?

Dr. Jeung: Well, I'm seeing them in my practice. So I am living this pretty much every day where I'm here in the office. And even for the younger kids, there's a lot of speech delay and social skills delays, a lot of big emotions and big behavior.

And then moving on up into school age, a lot of kids having a lot of problems paying attention even after they went back to in-person instruction, plus the effects of that stress and anxiety, and some of them refusing to go to school, having really bad separation of school anxiety, and even some having panic attacks to the point where parents are reporting they're sitting in the car trying to drop their kids off at school and the kid is having a full-on panic attack, like not able to get out of the car.

And then there are those who are feeling that kind of, like, just can't enjoy anything, like don't want to get out of bed, don't want to get out of their house, don't want to get out of their room. And I've had way too many conversations about suicidality and suicide risk where I was sitting there trying to figure out, do I need to get them help right away? Do I need to get them to the emergency room to get an emergency evaluation?
Unger: I'm sure that's not helped by how hard it is to find treatment. At this point, we have a major workforce shortage. We have more kids that need help, but there are fewer psychiatrists to treat them. Will you tell us more about what's happening here and, I guess then, how this work is shifting to physicians and other specialties, particularly in pediatrics and primary care?

Dr. Jeung: So most of the country has a severe shortage of child and adolescent psychiatrists where there are only 1 to 17 child psychiatrists per 100,000 children. So that's a severe shortage area. And if you look at the map, it's almost the entire country. And there are even fewer developmental behavioral pediatricians and they're the ones who diagnose things like autism or other neurodevelopmental conditions that can underlie a lot of the mental health crisis that we're seeing.

And because there aren't nearly enough specialists, only 50% of children ages 6 to 17 who have clinically significant mental health conditions are actually receiving any treatment at all. And that's overall. Those who are living in marginalized or under-resourced communities have even worse access problems than this. And because of the severe workforce shortage, pediatric primary care providers have really had to step up to the plate and try, as best as we can, to provide more of this care.

Unger: Now, in this case, how are pediatricians and primary care physicians uniquely suited to be addressing this particular crisis?

Dr. Jeung: Well, we have this longitudinal relationship with kids and their families. We're seeing them over time. We get to know them. And we often see their siblings too. So we are trusted messengers, in many cases.

And primary care is less stigmatized than specialty care often is. So there are a lot of people out there who don't want to see a psychiatrist, who don't want to go into specialty mental health, but who are willing to speak with their primary care doctor about these issues. And because we're often trusted messengers in a less stigmatized setting, many times the news comes a little bit easier from us. And I have to say that we're in a better position to do this if we're part of a team, if we have integrated behavioral health clinicians there who are able to partner with us in providing this care.

Unger: Let's dig in a little bit deeper on that. We know there are a lot of benefits to integrating this type of behavioral health into primary care. But there are also barriers, including a lack of physician training and time. How do we address these challenges? And are there resources available to help, especially given the nature of the crisis right now?

Dr. Jeung: Yeah, there was actually a 2013 survey that the American Academy of Pediatrics did among its members asking about this, like are you feeling comfortable providing mental health care for your patients? Did you get training? And are you doing this?
And 66% of the respondents said that they lacked adequate training in mental health treatment. They just didn’t get enough of this along the way in residency. 43% therefore said they’re not doing any mental health care as part of their practice just because they didn’t feel comfortable.

And for those of us who go and try to get this extra training because we know that the need is there, we still face barriers because there just isn’t enough time. Like a brief visit might be great for strep throat or for a quick checkup for an otherwise healthy child, but it’s not enough time if you’re talking with a teenager who’s seriously considering suicide. And so we have to get help. And thankfully, there is some help, and we don’t have to do this alone.

So for those of us who want more training that we didn’t get before, the American Academy of Pediatrics has put out a lot of great resources. Some of them are free, like short Mental Health Minute segments or videos that talk about some of the common conditions and the red flags to look for and some of the initial treatment priorities that we should be thinking about.

Then there are longer trainings, again, that the AAP has, where you spend a weekend and you do a much deeper dive. And those are eligible for the CME and MOC. So those training opportunities are there and they’ve put a lot of resources on the AAP website. And I encourage you to check that out.

Also, there are pediatric mental health access programs. And what that is, it’s basically call a psychiatrist and ask for help in the moment, basically for your patients to say—well, maybe not in the moment with the patient in the room, typically sometime that day, say, ”I’m not quite sure how to go about either diagnosing or treating this patient. Please help me out.”

And they have now been established across most of the country. Most states have a pediatric mental health care access program like this. They’re free, government funded. If you go to the National Network of Child Psychiatry Access Programs, you can find out if there’s one in your state.

And then finally, again, as I spoke about before, I’m a huge fan of multidisciplinary teams and having them inside your practice, whether it’s a social worker or another kind of therapist, or even like a really highly trained community health worker or family advocate, somebody to help you with the difficult task of screening, listening and connecting patients to the care that they need.

**Unger:** Really helpful advice. Dr. Jeung, so much is contributing to the youth mental health crisis. And just recently, the Surgeon General issued an advisory about social media and youth mental health, but it’s obviously not the only driver. What do we do here to focus on prevention and stop the rising tide of young people who are in trouble right now?

**Dr. Jeung:** That’s one of the great things about being a primary care is we can really think about prevention before things get really bad, before the problems actually develop. And for me, it’s really all about relationships. So the foundation of healthy mental and emotional development are the
caregiving relationships around a young child. If children have safe, stable, nurturing, caregiving relationships, that just helps that mental health to develop, the resilience to develop and that sets the foundation for preventing a lot of badness from happening and a much brighter future.

And as kids go into the future, as they get older and the peer relationships become more important, we know that research on positive childhood experiences find that having a supportive family or having supportive friends or feeling a sense of inclusion in high school make a big difference in the risk for downstream mental health issues, as well as a number of adult-flourishing outcomes. And so what we can do is this, is to support safe, stable, nurturing relationships all around our children and youth and find ways to help make that happen.

**Unger:** That sounds like amazing advice as well. That wraps up our episode for today. Dr. Jeung, thanks so much for joining us. And for those out here who would like to hear more from Dr. Jeung, you can watch a recent AMA webinar on tackling the youth mental health crisis.

The link for this webinar and other behavioral health integration resources can be found in the description of this episode. We’ll be back soon with another AMA Update. In the meantime, you can find all our videos and podcasts at ama-assn.org/podcasts. Thanks for joining us today. Please take care.

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