Redefining Care with CalAIM

Exploring the intersection of trauma-informed care and healthcare systems

September 26, 2023

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Stop The Violence
TONY WILSON
43rd & Vermont
CHASE JOHNSON
68th & Western
HANNA BELL
77th & Western
Vermont Ave.
Normandie Ave.
Slauson Ave.
Crenshaw Blvd
Florence Ave.
Western Ave.
Manchester Blvd.
LUPITA'S BAKERY INC.
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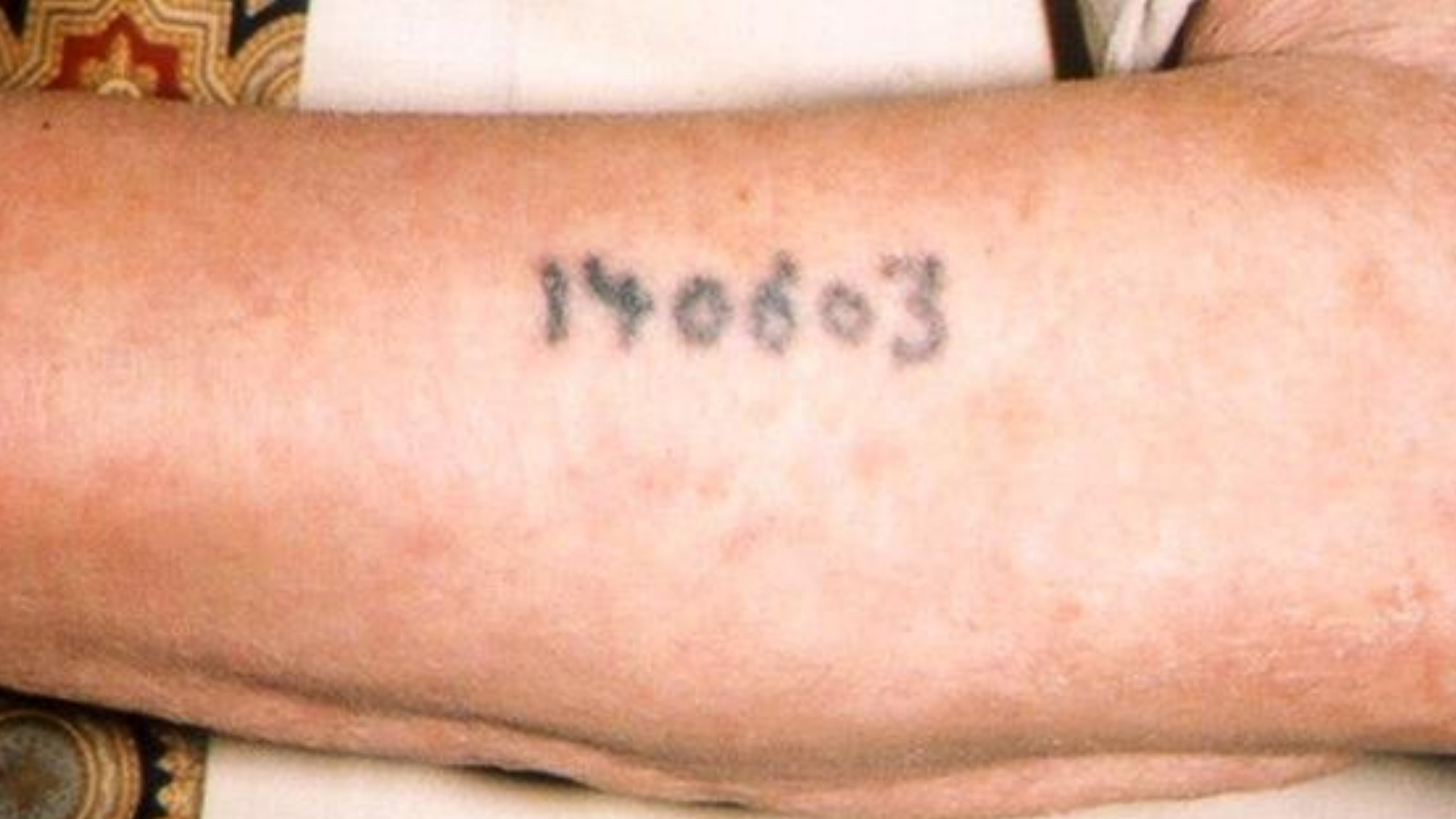
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Overview: What we hope you'll learn today

1. Understand the impact of adverse childhood experiences (ACEs) on lifelong health.
2. Identify the role of behavioral health providers in trauma informed care.
3. Understand the opportunities and benefits available under CalAIM for children and families, and the significance of collaboration between behavioral health staff and primary care providers.

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Introducing Adverse Childhood Experiences (ACEs) & California Advancing and Innovating Medi-Cal (CalAIM)

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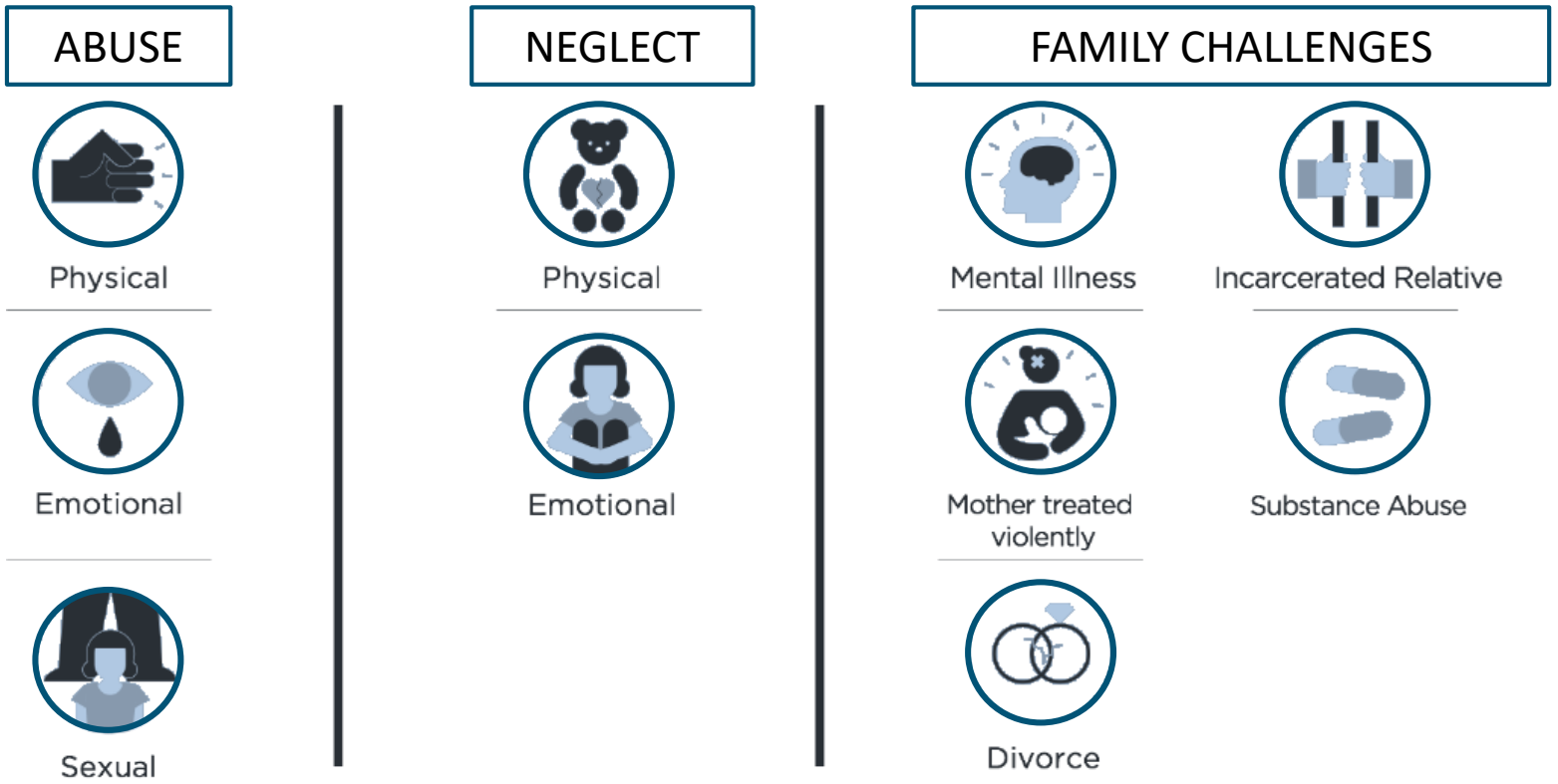
10 Traditional ACEs have been shown to drive poor health through toxic stress *(in white, middle-income KP pop.)*



Expanded ACEs are gaining recognition

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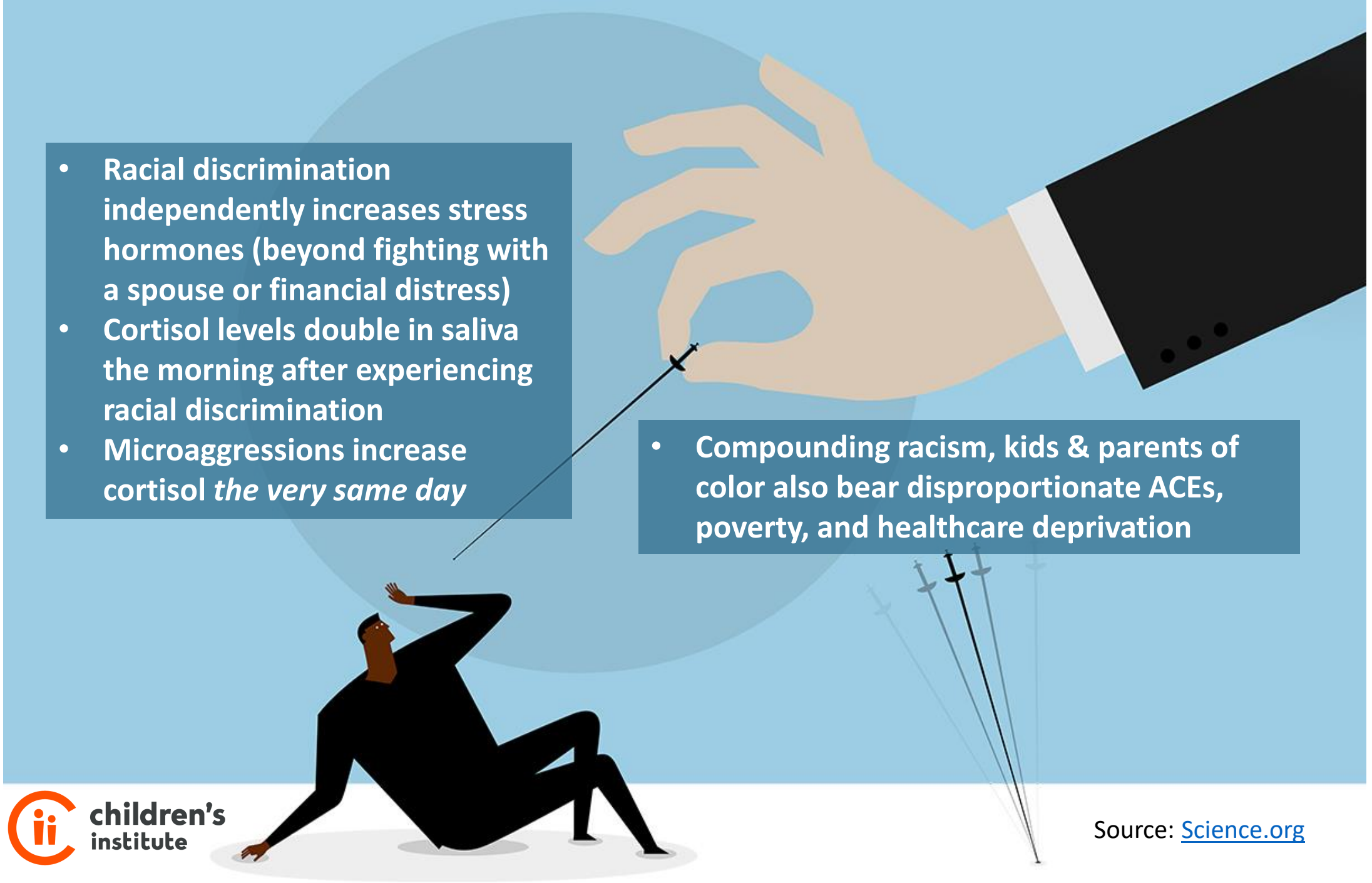
Source: Cronholm, P. F., Forke, C. M., Wade, R., Bair-Merritt, M. H., Davis, M., Harkins-Schwarz, M., Pachter, L. M., & Fein, J. A. (2015). Adverse childhood experiences: Expanding the concept of adversity. *American Journal of Preventive Medicine, 49*(3), 354–361.


• Racial discrimination independently increases stress hormones (beyond fighting with a spouse or financial distress)
• Cortisol levels double in saliva the morning after experiencing racial discrimination
• Microaggressions increase cortisol *the very same day*
• Compounding racism, kids & parents of color also bear disproportionate ACEs, poverty, and healthcare deprivation
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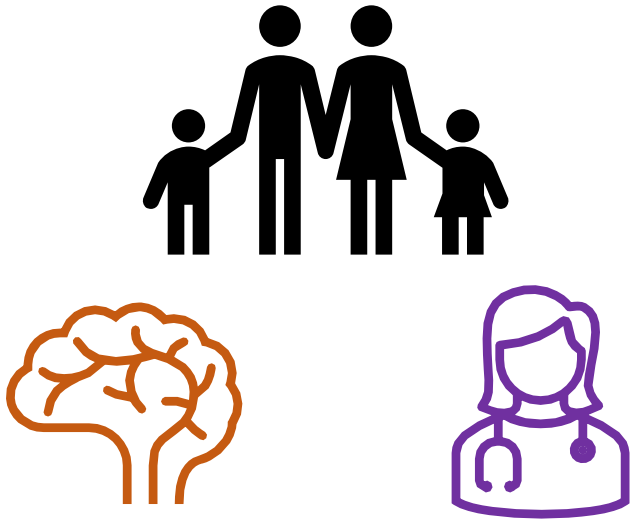
Source: Science.org

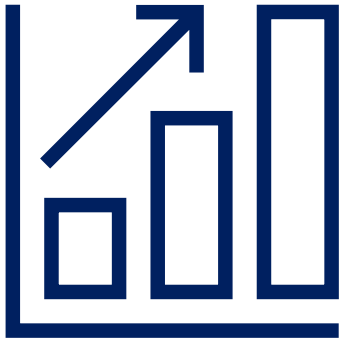
What is CalAIM?

California **A**dvancing and **I**nnovating **M**edi-Cal

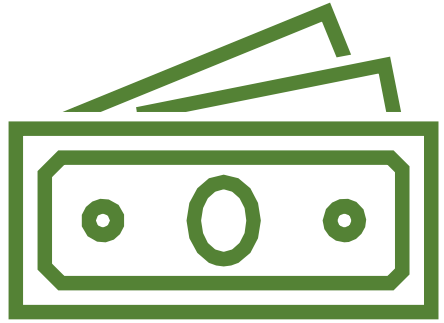
Healthcare Delivery System Integration



Performance/Quality Improvement Focused on Specific Populations



County BH Plan Payment Reform



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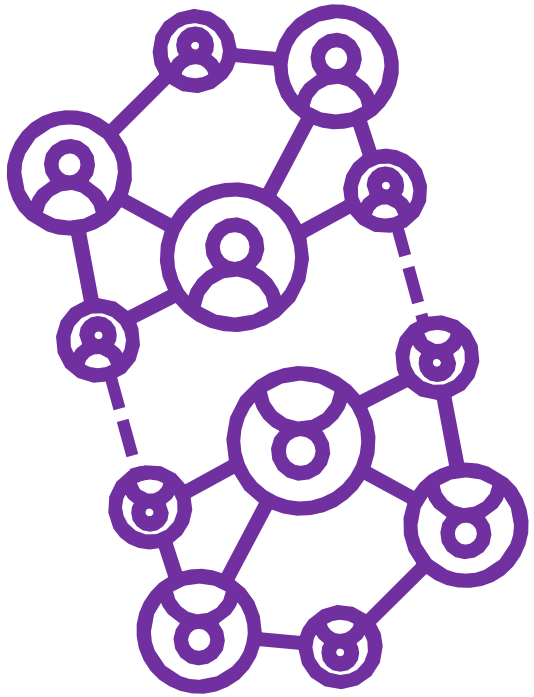
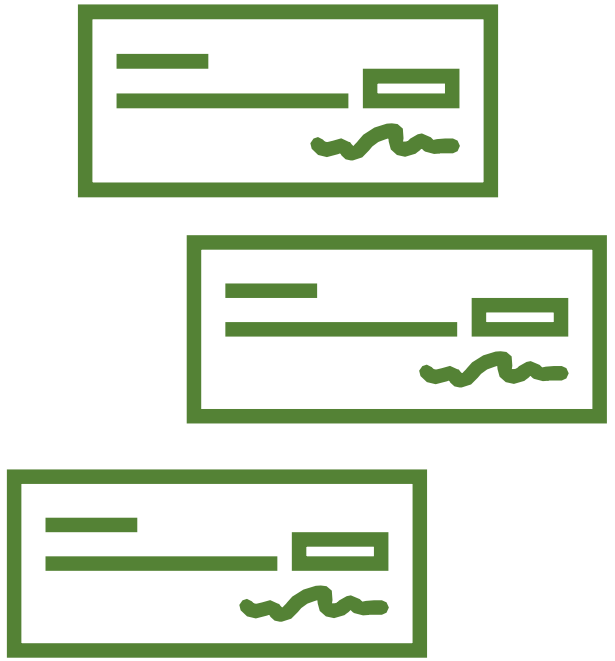
What CalAIM means for BH providers

Integration of Care Across Organizations through ECM/CS



Streamlined & Standardized Documentation

Fee For Service Billing via County and Managed Care Plans



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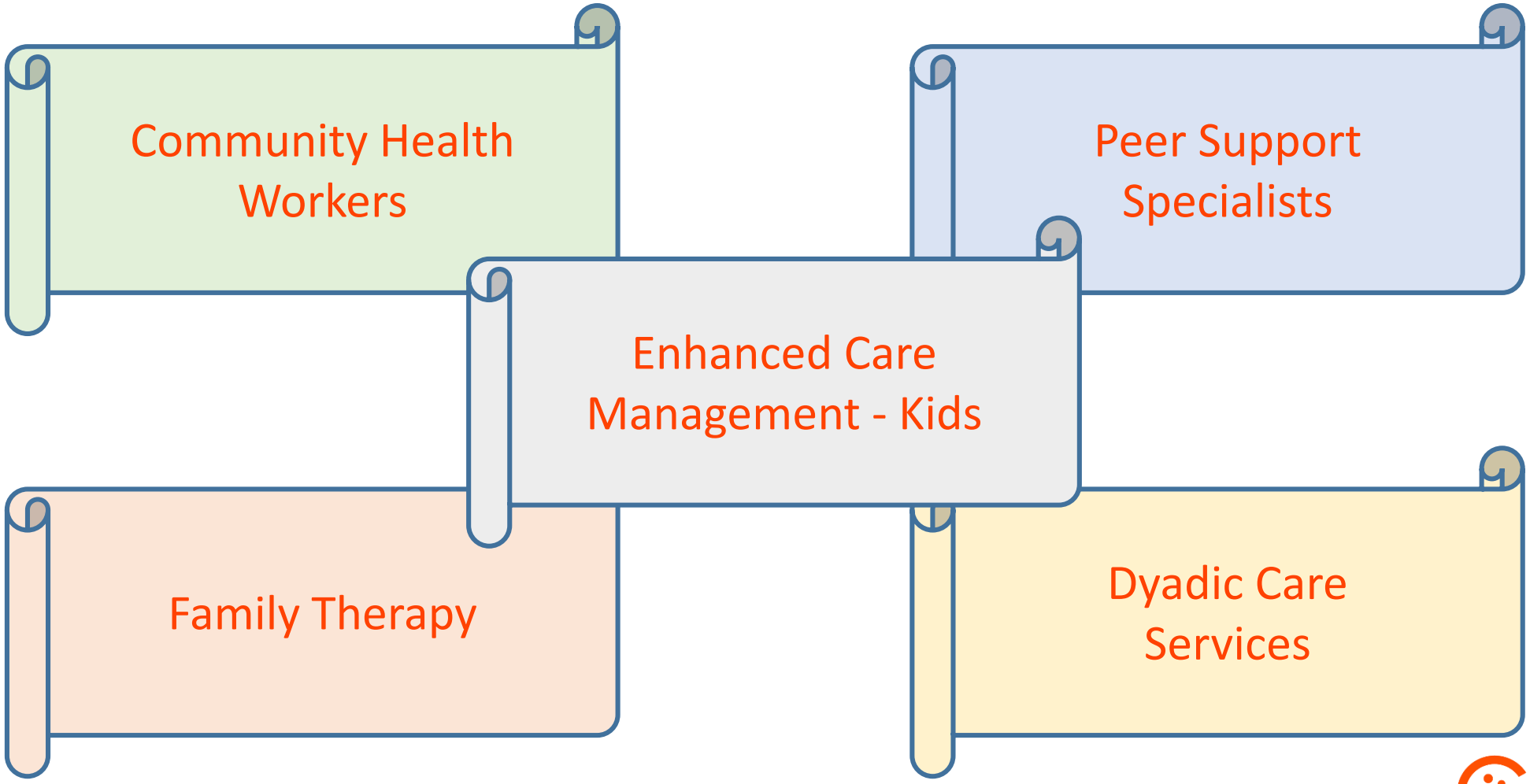
New dyadic Medi-Cal benefits and CalAIM workforces rolled out through July 1, 2023



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What are the impacts of ACEs on lifelong health?

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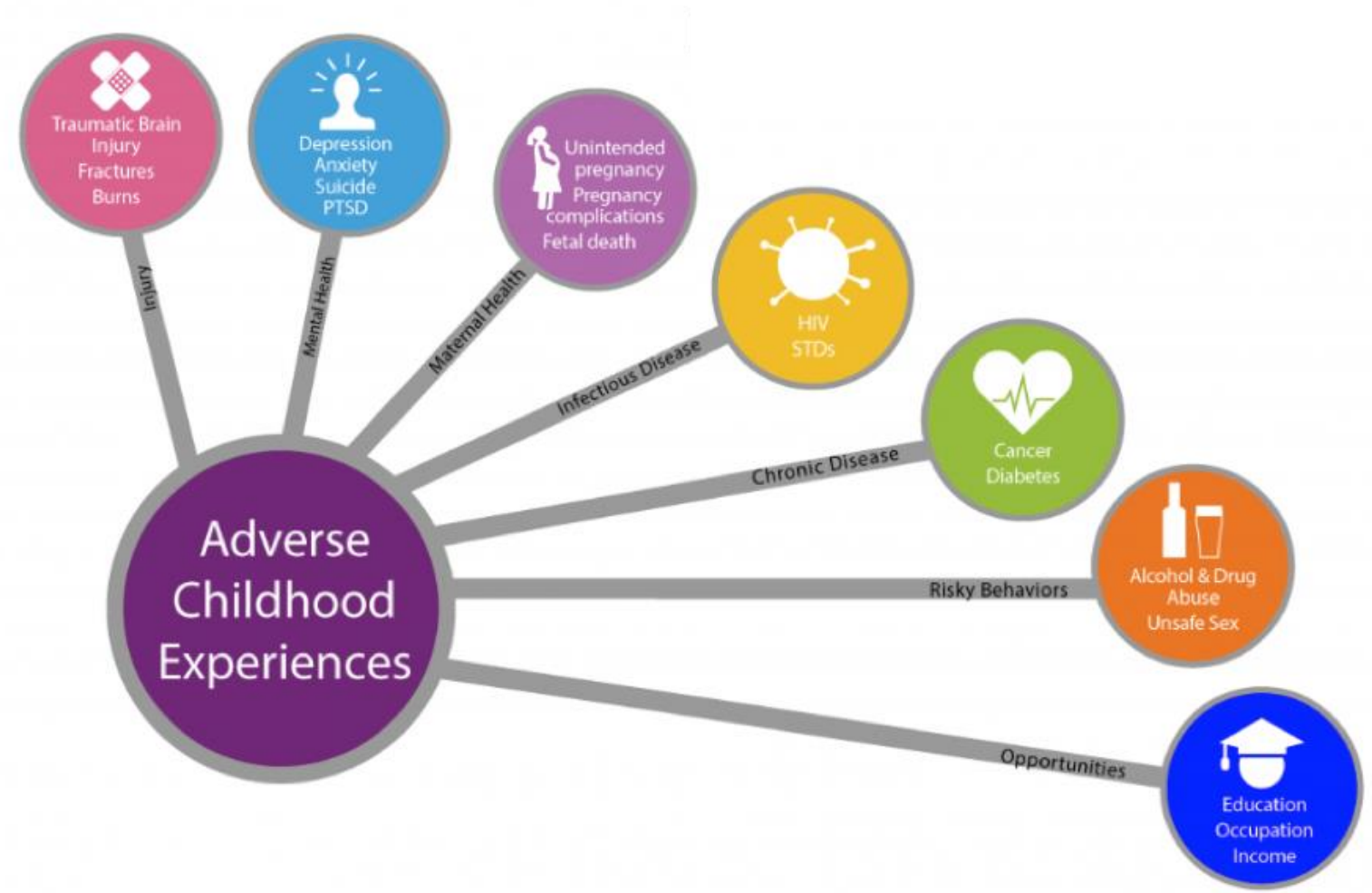
ACEs dramatically increase risk for 9 of 10 leading causes of death in the US

	Leading Causes of Death US, 2017	Odds Ratio with ≥ 4 ACEs
1	**Heart Disease**	**2.1**
2	**Cancer**	**2.3**
3	**Accidents**	**2.6**
4	**Chronic Lower Respiratory Disease**	**3.1**
5	**Stroke**	**2.0**
6	**Alzheimer's**	**4.2**
7	**Diabetes**	**1.4**
8	Influenza and Pneumonia	
9	**Kidney Disease**	**1.7**
10	**Suicide**	**37.5**

Source of causes of death: CDC, 2017
Sources for odds ratios: Hughes *et al.,* 2017 for 1, 2, 4, 7, 10; Petrucelli *et al.,* 2019 for 3 (injuries with fracture), 5; Center for Youth Wellness, 2014 for 6 (dementia or Alzheimer's disease); Center for Youth Wellness, 2014 and Merrick *et al.,* 2019 for 9

What eventually happens

- **Dose matters**: more exposure = more physical and behavioral health challenges
  - 4 or more leads to very high risk of chronic physical and mental illnesses
  - people with 6 or more adversities may die 20 years early
- Specific adversities have different effects → important to understand **what specifically happened** to fully help



aces aware
SCREEN. TREAT. HEAL.

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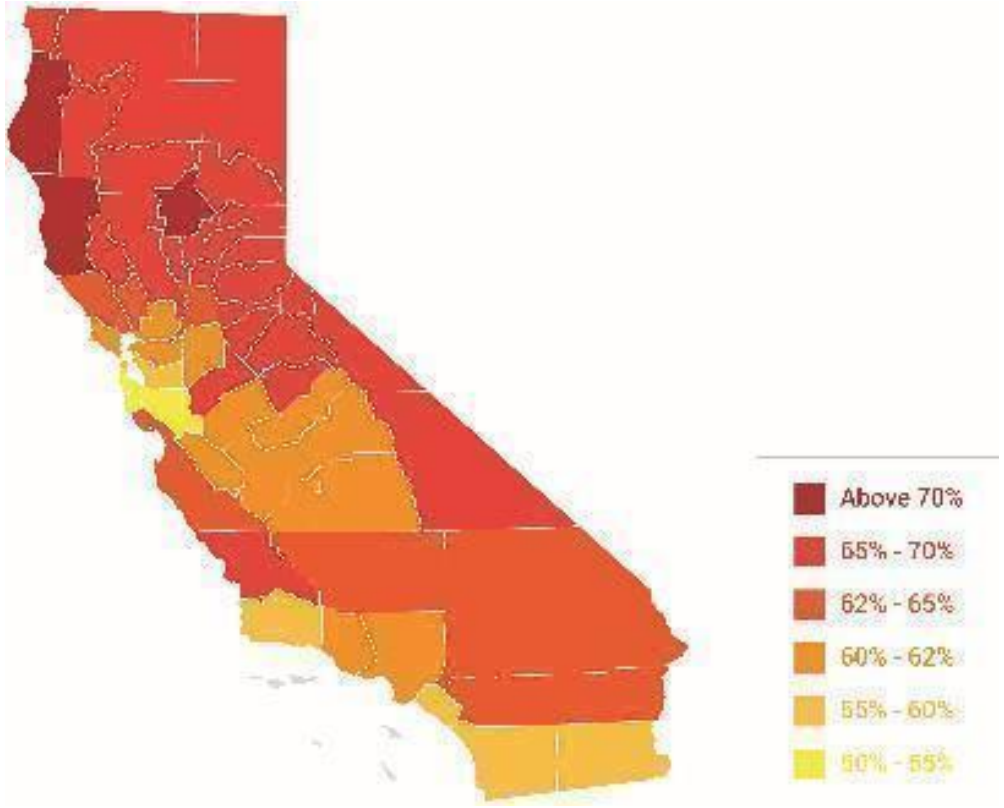
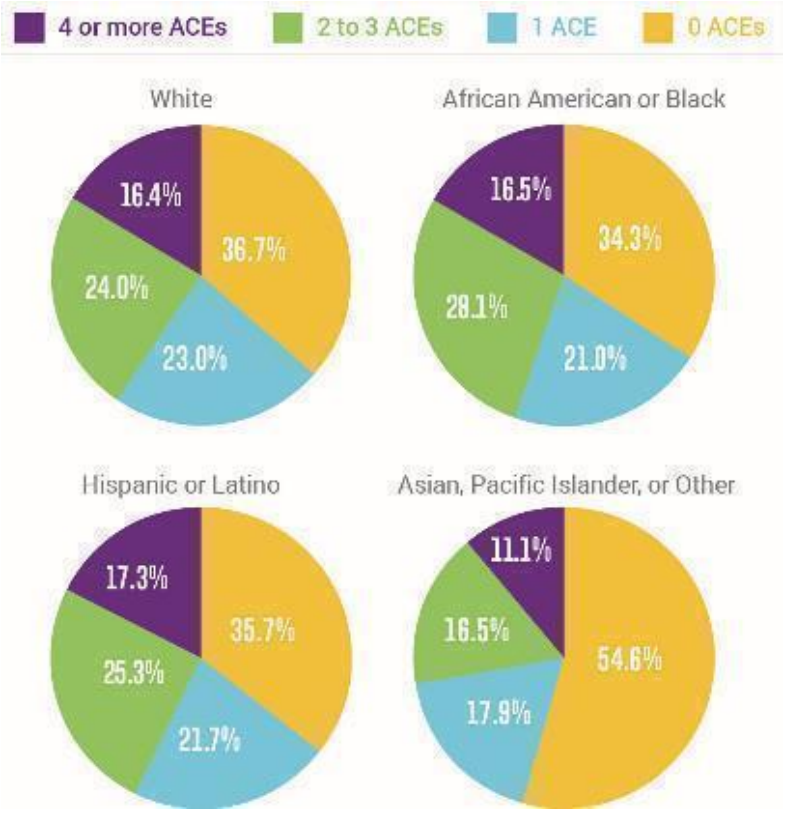
Traumas compound to create MHD's, SUD's & their severity

ACE-Associated Health Conditions	Odds in Childhood (4 or more ACEs)	Odds in Adulthood (4 or more ACEs)
Anxiety	1.7	3.7
Depression	3.9	4.7
Alcohol misuse	6.2	6.9
Illicit drug use	<9.1	5.2-10.2
Aggression; violence perpetration	7.5	8.1
Suicidal *thoughts*	7.5	10.5
Suicide *attempts*	8.2	37.5

Risk rises with age (and lack of treatment)

Pre-covid 63% of Californians had ≥1 ACEs, 18% had ≥ 4 ACEs, AND ACES ARE RISING





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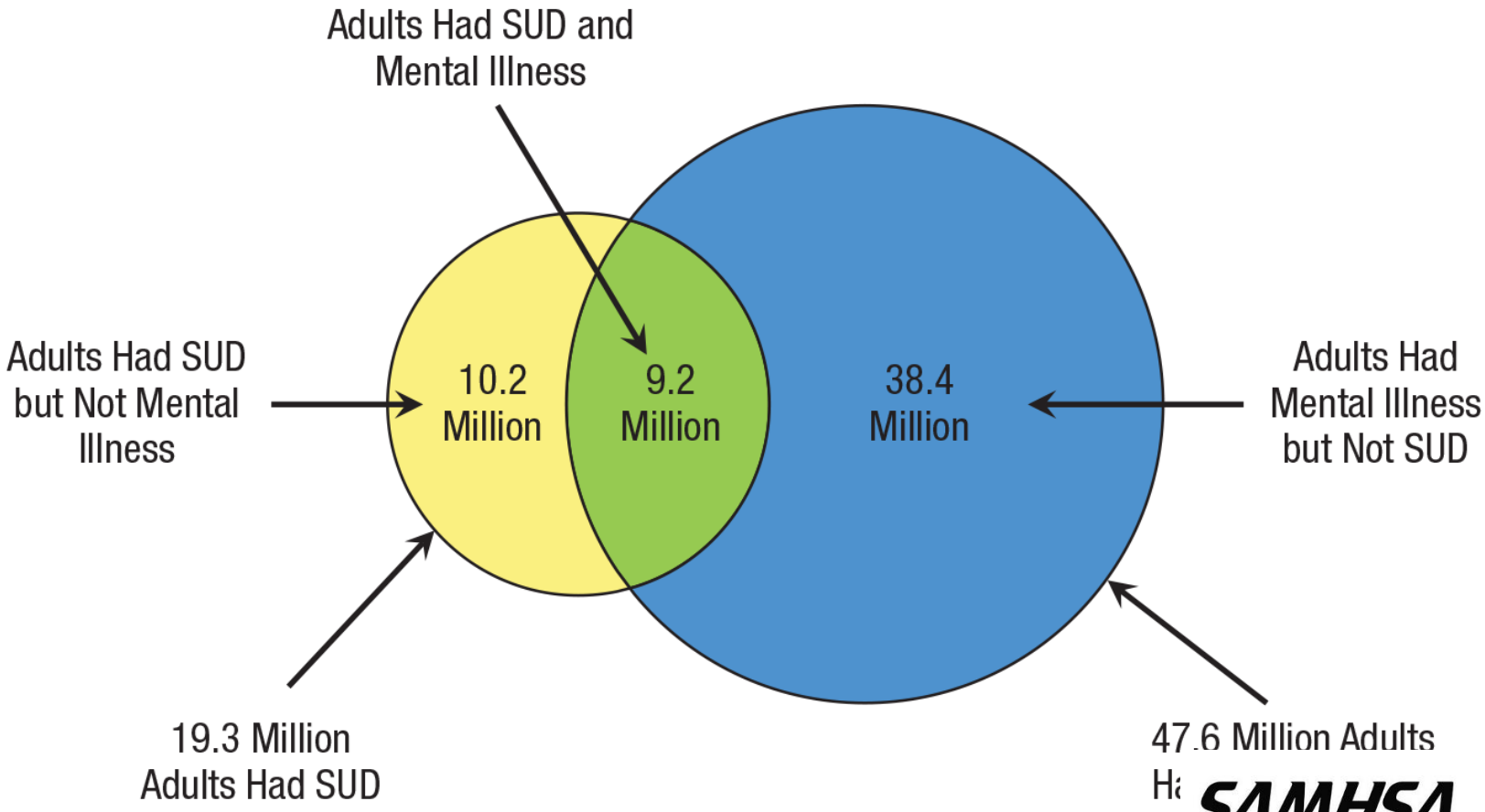
Source: A Hidden Crisis: Findings on Adverse Childhood Experiences in California, Center for Youth Wellness, 2014
https://letsgethealthy.ca.gov/goals/healthy-beginnings/adverse-childhood-experiences/

58 million Americans had mental health or substance use disorders pre-pandemic (*2018*)



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SAMHSA
Substance Abuse and Mental Health Services Administration

ACE-associated Symptom or Health Condition	OR for ≥ X ACEs (compared to 0)	Odds Ratio
Sleep disturbances	5 (adversities, not ACEs)	PR 3.09
Developmental delay Learning and/or behavior problems	3 4	1.93 32.6
Repeating a grade Not completing homework High school absenteeism Graduating from high school	4 4 4 4	2.76 4.04 7.24 0.37
Poor impulse control; aggression—physical fighting	For each additional ACE	1.85-1.88
Depression Any of: ADHD, depression, anxiety, conduct/behavior disorder	4 3	3.9 4.47
Suicidal ideation Suicide attempts Self-harm	For each additional ACE	1.85-1.88 1.88-2.06 1.75-1.83
High-risk substance use, such as starting < 14 years	4 5	Alcohol: 6.2 Illicit drugs: 9.1
High-risk sexual behaviors, such as early sexual debut (<15-17 y); teenage pregnancy	4 4	3.72 4.20

ACE-associated Symptom or Health Condition	For ≥ X ACEs (compared to 0)	Odds Ratio
Increased incidence of chronic disease, impaired management, such as: Asthma Allergies	3 4 4	2.25 1.73—2.76 2.47
Unexplained somatic symptoms (eg., nausea/vomiting, dizziness, constipation, headaches) Headaches	3 4	Any: 9.25 3.03
Enuresis; encopresis	--	--
Overweight and obesity Failure to thrive; psychosocial dwarfism	4 --	1.99 --
Poor dental health	4	2.79
Increased febrile illnesses	Parental psychiatric symptoms	Rate ratio 1.36
Later menarche (≥ 14 years)	2 (early adversities, not all ACEs)	2.32

Specific adversity pathways matter, compounding dose effects

- Women who've experienced:
  - physical/emotional abuse → more suicidal *thoughts*
  - sexual abuse → more suicide *attempts*
  - depression → greater risk of experiencing IPV, suicide
- Men who've experienced:
  - sexual abuse → greater risk of aggression/violence, including with partners and self → homicide, suicide

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Why we mostly haven't prevented child abuse

- *Alternative punishment* and *parent self-management* are key to abuse prevention
  - → Parents' own ACEs include poor modeling (abuse) *and* brain damage (to self-control centers)
  - → When stressed, their **reflexive** "lizard brain" (fight or flight) responds faster than their **reflective** "human brain" (think and talk)
- ***We can't prevent child abuse and deaths from maltreatment without addressing lifelong adversities and mental health in parents***
  - → Ex: 2019 federal MIHOPE eval: 4 evidence-based, home visiting models struggled to address maternal mental health and partner violence—commonly clustering risk factors for child abuse arising from parents' own ACEs—and showed *only limited reductions in "minor physical assault" on children* and "psychological aggression" toward children

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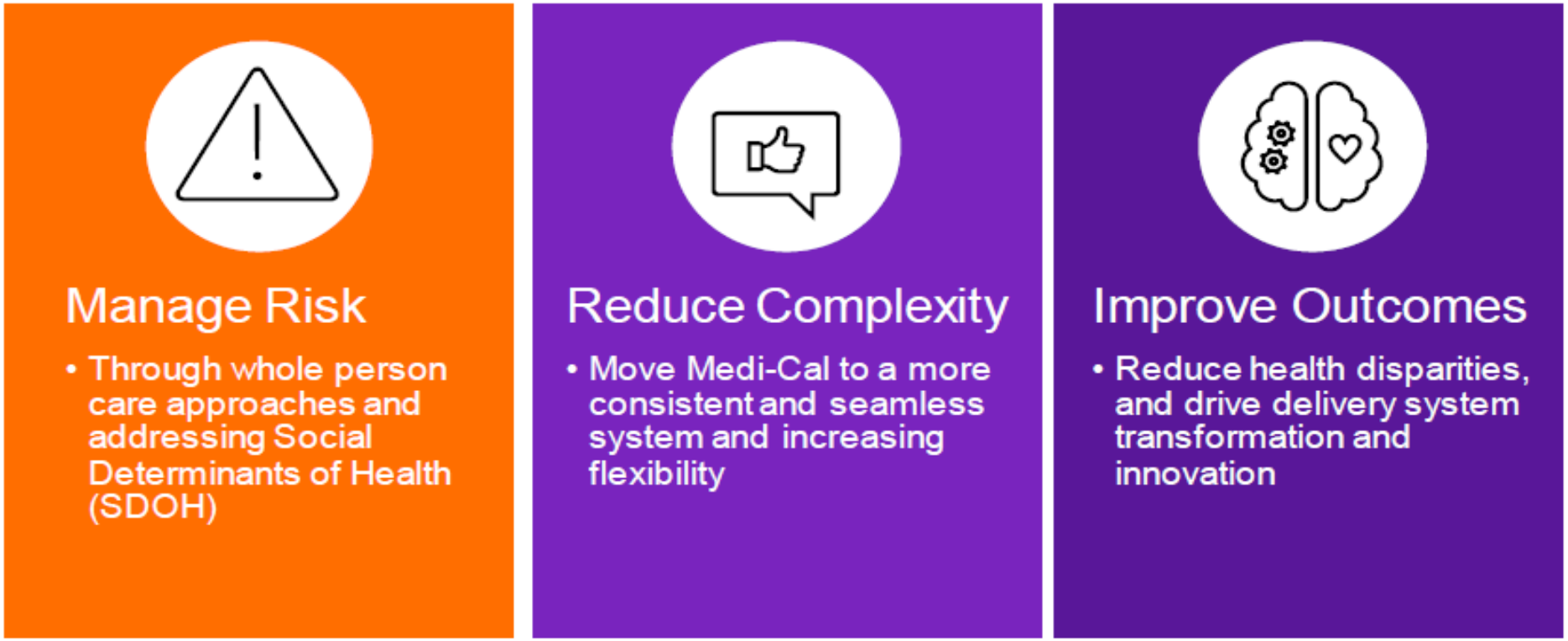
CalAIM Goals: Changing the Medi-Cal landscape



CalMHSA

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CHW necessity (recommendation) criteria

- Positive **Adverse Childhood Events (ACEs)** screening
- Diagnosis of one or more chronic health (including **behavioral health**) **conditions, or a suspected mental disorder** or substance use disorder that has not yet been diagnosed
- Rising medical risk indicators (e.g., elevated blood pressure or blood glucose levels) even if they do not yet warrant diagnosis of a chronic condition
- Presence of **known risk factors, including domestic or intimate partner violence, tobacco use, excessive alcohol use, and/or drug misuse**
- Results of a social drivers of health screening indicating **unmet needs, such as housing or food**

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CHW necessity (recommendation) criteria

- **One or more visits to a hospital ED or hospital stay, including a psychiatric facility**, within the previous six months or being at risk of institutionalization
- One or more stays at a detox facility within the previous year
- Two or more **missed medical appointments** within the previous six months
- **Beneficiary expressed need** for support in health system navigation or resource coordination
- **Need for recommended preventive services**

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Peer Support Specialists benefit

Core competencies:

1. The concepts of hope, recovery, and wellness.
2. The role of advocacy.
3. The role of consumers and family members.
4. Psychiatric rehabilitation skills and service delivery, and addiction recovery principles, including defined practices.
5. Cultural and structural competence trainings.
6. Trauma-informed care.
7. Group facilitation skills.
8. Self-awareness and self-care.
9. Co-occurring disorders of mental health and substance use.
10. Conflict resolution.
11. Professional boundaries and ethics.
12. Preparation for employment opportunities, including study and test-taking skills, application and résumé preparation, interviewing, and other potential requirements for employment.
13. Safety and crisis planning.
14. Navigation of, and referral to, other services.
15. Documentation skills and standards.
16. Confidentiality.
17. Digital literacy.

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Enhanced Care Management (ECM)

- ECM addresses clinical and essential needs of the highest-need Medi-Cal participants through intensive coordination of health and health-related services
- Meets participants wherever they are – on the street, in a shelter, in their doctor's office, or at home
- A single Enhanced Care Manager coordinates care and services among the physical, behavioral, dental, developmental, and social services delivery systems, making it easier for participants to get the right care at the right time
- A sister program, *Community Supports*, pays to address other needs (housing, meals, personal care, respite/nursing/sobering facilities, asthma remediation)

ECM Populations of Focus

January 2022

- Adults and their Families Experiencing Homelessness
- Adults At Risk for Avoidable Hospital or Emergency Department (ED) Utilization
- Adults with Serious Mental Health and/or Substance Use Disorder (SUD) Needs
- Individuals with Intellectual or Developmental Disabilities (I/DD)*
- Adult Pregnant and Postpartum Individuals At Risk for Adverse Perinatal Outcomes*
- Individuals Transitioning from Incarceration

January 2023

- Adults Living in the Community and At Risk for Institutionalization and Eligible for Long-Term Care (LTC) Institutionalization
- Adults who are Nursing Facility Residents Transitioning to the Community

July 2023

- Children / Youth Populations of Focus (next slide)

January 2024

- Birth Equity Population of Focus
- Individuals Transitioning from Incarceration

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ECM for Children & Youth Populations Launched July 2023

	ECM Populations of Focus	Adults	Children & Youth
1a	Individuals Experiencing Homelessness: *Adults without Dependent Children/Youth Living with Them Experiencing Homelessness*	✓	
1b	Individuals Experiencing Homelessness: *Homeless Families or Unaccompanied Children/Youth Experiencing Homelessness*	✓	✓
2	Individuals At Risk for Avoidable Hospital or ED Utilization (*Formerly "High Utilizers"*)	✓	✓
3	Individuals with Serious Mental Health and/or SUD Needs	✓	✓
4	Individuals Transitioning from Incarceration	✓	✓
5	Adults Living in the Community and At Risk for LTC Institutionalization	✓	
6	Adult Nursing Facility Residents Transitioning to the Community	✓	
7	Children and Youth Enrolled in CCS or CCS WCM with Additional Needs Beyond the CCS Condition		✓
8	Children and Youth Involved in Child Welfare		✓
9	Individuals with I/DD	✓	✓
10	Pregnant and Postpartum Individuals; Birth Equity Population of Focus	✓	✓

Providers Can Choose Populations

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What's included in ECM?

DHCS has defined seven "ECM core services," which must be provided regardless of county/region or ECM Population of Focus.

Outreach and Engagement

Comprehensive Assessment and Care Management Plan

Coordination of the Referral to Community and Social Support Service

Enhanced Coordination of Care

Member and Family Supports

Health Promotion

Comprehensive Transitional Care

Who is eligible for ECM and how does it work?

ECM is available to Medi-Cal Managed Care Plan Members who meet "Population of Focus" criteria.

Eligible Members…

- Can be identified through their managed care plan (MCP), provider, family/caregiver, community-based organizations (CBOs), or via a self-referral.
- Are assigned an "ECM Provider" who best meets their needs. The ECM Provider makes sure the Member has a single "Lead Care Manager" who coordinates their care and services across Medi-Cal delivery systems and beyond.

Family Therapy Benefit

- DHCS clarified in 2020 this benefit includes children "at risk for behavioral health concerns but who *do not have a mental health diagnosis*."
- At least two family members receive therapy together provided by a mental health provider
- **All children can receive up to 5 family therapy sessions before a mental health diagnosis is required**
- **Children with risk factors for mental health disorders (e.g. trauma) or parents/caregivers with related risk factors are eligible for family therapy without the visit limitation**
- Psychologists, LCSWs, LPCCs, and MFTs can bill Medi-Cal for models that work with the caregiver and child together, also sometimes called **'dyadic treatment'** (not to be confused with the dyadic "care" benefit), including:
  - **Child-Parent Psychotherapy** (CPP)
  - **Positive Parenting Program** (Triple P)
  - **Parent Child Interaction Therapy** (PCIT)

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Dyadic Care Benefit

- Launched January 2023
- Medi-Cal covers “dyadic care” in any setting, to increase screenings and services for the whole family – including but not limited to simultaneous treatment for a child and parent/caregiver
- Includes screening, assessment, evaluation, and case management services, in addition to integrated behavioral health services, tobacco cessation counseling, and alcohol and/or drug use Screening, Brief Interventions and Referral to Treatment (SBIRT)
- Originally designed to allow primary care to bill for the implementation of whole-family early-childhood care models such as HealthySteps, it’s been expanded to broader settings (schools, community orgs, telehealth) and offerings (preventive “BH well-child visits” in primary care)
- Requires licensed or license-eligible staff

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Dyadic Services

- Dyadic services are preventive behavioral health services for recipients ages 0 to 20 years and/or their caregivers. Medi-Cal reimburses the following dyadic services for recipients ages 0 to 20 years, when billed to the child's Medi-Cal ID with the U1 modifier:
  - Dyadic Behavioral Health (DBH) Well-Child Visits (H1011)
  - Dyadic Comprehensive Community Support Services, per 15 minutes (H2015)
  - Dyadic Psychoeducational Services, per 15 minutes (H2027)
  - Dyadic Family Training and Counseling for Child Development, per 15 minutes (T1027)

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BH provider-applicable Dyadic Services

- **Dyadic Comprehensive Community Supports** (distinct from CalAIM Community Supports) - helping families gain access to needed medical, social, educational, and other health-related services, which may include any of the following:
  - Assistance maintaining, monitoring, and modifying covered services, as outlined in the dyad's service plan, to address an identified clinical need.
  - Brief telephone or face-to-face interactions with a person, family, or other involved member of the clinical team, offering assistance in accessing an identified clinical service.
  - Assistance in finding and connecting to necessary resources other than covered services to meet basic needs.
  - Communication and coordination of care with the child's family, medical and dental health care Providers, community resources, and other involved supports including educational, social, judicial, community and other state agencies.
  - Outreach and follow-up of crisis contacts and missed appointments.
  - Other activities as needed to address the dyad's identified treatment and/or support needs.

BH provider-applicable Dyadic Services

- **Dyadic Psychoeducational Services** for the child (age 20 or below) and/or parent(s) or caregiver(s) - planned, structured interventions that present or demonstrate information with the goal of preventing the development or worsening of behavioral health conditions and achieving optimal mental health and long-term resilience.

- **Dyadic Family Training and Counseling for Child Development** for kids and family – brief training and counseling related to a child's behavioral issues, developmentally appropriate parenting strategies, parent/child interactions, and other related issues.

- **Dyadic Caregiver Services** (next slide)

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Dyadic Caregiver Services

- Dyadic caregiver services include the following assessment, screening, counseling, and brief intervention services provided to the caregiver:
  - ACEs screening
  - Alcohol and drug screening, assessment, brief interventions and referral to treatment (SABIRT)
  - Brief emotional/behavioral assessment
  - Depression screening
  - Health behavioral assessments and interventions
  - Psychiatric diagnostic evaluation
  - Tobacco cessation counseling

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Positive childhood experiences (PCE's) matter as well

Able to talk to family about feelings

Felt family stood by them during difficult times

Felt safe and protected by adult in your home

Had at least 2 nonparent adults who took genuine interest

Felt supported by friends

Felt a sense of belonging at high school

Enjoyed participating in community traditions

- 6-7 PCE's reduced risk of *depression or poor mental health* by 72%
  - Same whether 1, 2-3, or 4+ ACEs
- 6-7 PCE's increased likelihood of adults reporting *social and emotional support (SES)* by 350%
  - PCE's may prevent depression and poor mental health through SES
  - Even without SES, PCE's still showed an effect on depression/mental health

Bethell, C., Jones, J., Gombojav, N., Linkenbach, J., & Sege, R. (2019). Positive childhood experiences and adult mental and relational health in a statewide sample: associations across adverse childhood experiences levels. JAMA pediatrics, 173(11), e193007-e193007.

The role of Behavioral Health providers

- Develop a comprehensive understanding of ACEs and their impact on lifelong health
- Screen for ACES and relational health/protective factors
  - ➢identify individuals at risk
  - ➢tailor interventions
- Use specific screening questionnaires to identify ACEs

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ACES Aware training

Becoming ACEs Aware in California

The **Becoming ACEs Aware in California** training is a free, two-hour core training to learn about ACEs, toxic stress, screening, risk assessment, and evidence-based care to effectively intervene. The training is available to anyone. Clinical providers also have the opportunity to submit a DHCS Training Attestation form after completion of this training, so that they can bill Medi-Cal for screenings.

- Developed by State of California
- Self-paced
- Professional credit available
- 2 hours

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https://training.acesaware.org/aa/

aces aware
SCREEN. TREAT. HEAL.

Aligned screenings diverse professionals can incorporate

1. *ACEs* – **PEARLS**
2. *Depression* – **PHQ-2/9**
3. *Anxiety* – **GAD-2/7**
4. *Alcohol abuse/misuse in adults* – **AUDIT-C/AUDIT**
5. *Other substance abuse/misuse* – **CRAFFT** for teens/**ASSIST** for adults
6. *Intimate partner violence* – **PEARLS, Danger Assessment**
7. *Unintended pregnancy* – **One Key Question (OKQ)**

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PEARLS

Pediatric ACEs and Related Life Events Screener

Many people experience stressful life events. Over time these experiences can affect your health and wellbeing. We would like to ask you questions so we can help you be as healthy as possible.

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Pediatric ACEs and Related Life Events Screener (PEARLS)

TEEN (Self-Report)- To be completed by: **Patient**

At any point in time since you were born, have you seen or been present when the following experiences happened? Please include past and present experiences.

Please note, some questions have more than one part separated by "OR." If any part of the question is answered "Yes," then the answer to the entire question is "Yes."

PART 1:	Please check "Yes" where apply. ☑
1. Have you ever lived with a parent/caregiver who went to jail/prison?	☐
2. Have you ever felt unsupported, unloved and/or unprotected?	☐
3. Have you ever lived with a parent/caregiver who had mental health issues? *(for example, depression, schizophrenia, bipolar disorder, PTSD, or an anxiety disorder)*	☐
4. Has a parent/caregiver ever insulted, humiliated, or put you down?	☐
5. Has your biological parent or any caregiver ever had, or currently has a problem with too much alcohol, street drugs or prescription medications use?	☐
6. Have you ever lacked appropriate care by any caregiver? *(for example, not being protected from unsafe situations, or not being cared for when sick or injured even when the resources were available)*	☐
7. Have you ever seen or heard a parent/caregiver being screamed at, sworn at, insulted or humiliated by another adult? Or have you ever seen or heard a parent/caregiver being slapped, kicked, punched beaten up or hurt with a weapon?	☐
8. Has any adult in the household often or very often pushed, grabbed, slapped or thrown something at you? Or has any adult in the household ever hit you so hard that you had marks or were injured? Or has any adult in the household ever threatened you or acted in a way that made you afraid that you might be hurt?	☐
9. Have you ever experienced sexual abuse? *(for example, has anyone touched you or asked you to touch that person in a way that was unwanted, or made you feel uncomfortable, or anyone ever attempted or actually had oral, anal, or vaginal sex with you)*	☐
10. Have there ever been significant changes in the relationship status of your caregiver(s)? *(for example, a parent/caregiver got a divorce or separated, or a romantic partner moved in or out)*	☐

How many "Yes" did you answer in Part 1?: ☐

CENTER for YOUTH WELLNESS | UCSF Benioff Children's Hospital Oakland

This tool was created in partnership with UCSF School of Medicine.

Please continue to the other side for the rest of questionnaire →

At any point in time since you were born, have you seen or been present when the following experiences happened? Please include past and present experiences.

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6. Have you ever lacked appropriate care by any caregiver? *(for example, not being protected from unsafe situations, or not being cared for when sick or injured even when the resources were available)*	☐
7. Have you ever seen or heard a parent/caregiver being screamed at, sworn at, insulted or humiliated by another adult? Or have you ever seen or heard a parent/caregiver being slapped, kicked, punched beaten up or hurt with a weapon?	☐
8. Has any adult in the household often or very often pushed, grabbed, slapped or thrown something at you? Or has any adult in the household ever hit you so hard that you had marks or were injured? Or has any adult in the household ever threatened you or acted in a way that made you afraid that you might be hurt?	☐
9. Have you ever experienced sexual abuse? *(for example, has anyone touched you or asked you to touch that person in a way that was unwanted, or made you feel uncomfortable, or anyone ever attempted or actually had oral, anal, or vaginal sex with you)*	☐
10. Have there ever been significant changes in the relationship status of your caregiver(s)? *(for example, a parent/caregiver got a divorce or separated, or a romantic partner moved in or out)*	☐

How many "Yes" did you answer in Part 1?: ☐

The PEARLS can be administered *identified* (teen or parent shares specific adversities) or *de-identified* (teen or parent shares just the score)

Either method leads to a score in 2 sections

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Part 2 has "expanded" adversities being researched

Primary care providers track this score even though interpreting true biological risk is difficult at the moment

PART 2:	Please check "Yes" where apply. ☑
1. Have you ever seen, heard, or been a victim of violence in your neighborhood, community or school? *(for example, targeted bullying, assault or other violent actions, war or terrorism)*	☐
2. Have you experienced discrimination? *(for example, being hassled or made to feel inferior or excluded because of their race, ethnicity, gender identity, sexual orientation, religion, learning differences, or disabilities)*	☐
3. Have you ever had problems with housing? *(for example, being homeless, not having a stable place to live, moved more than two times in a six-month period, faced eviction or foreclosure, or had to live with multiple families or family members)*	☐
4. Have you ever worried that you did not have enough food to eat or that food would run out before you or your parent/caregiver could buy more?	☐
5. Have you ever been separated from your parent or caregiver due to foster care, or immigration?	☐
6. Have you ever lived with a parent/caregiver who had a serious physical illness or disability?	☐
7. Have you ever lived with a parent or caregiver who died?	☐
8. Have you ever been detained, arrested or incarcerated?	☐
9. Have you ever experienced verbal or physical abuse or threats from a romantic partners? *(for example, a boyfriend or girlfriend)*	☐

How many "Yes" did you answer in Part 2?: ☐

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If ACEs have a demonstrated negative impact on health, are we doomed?

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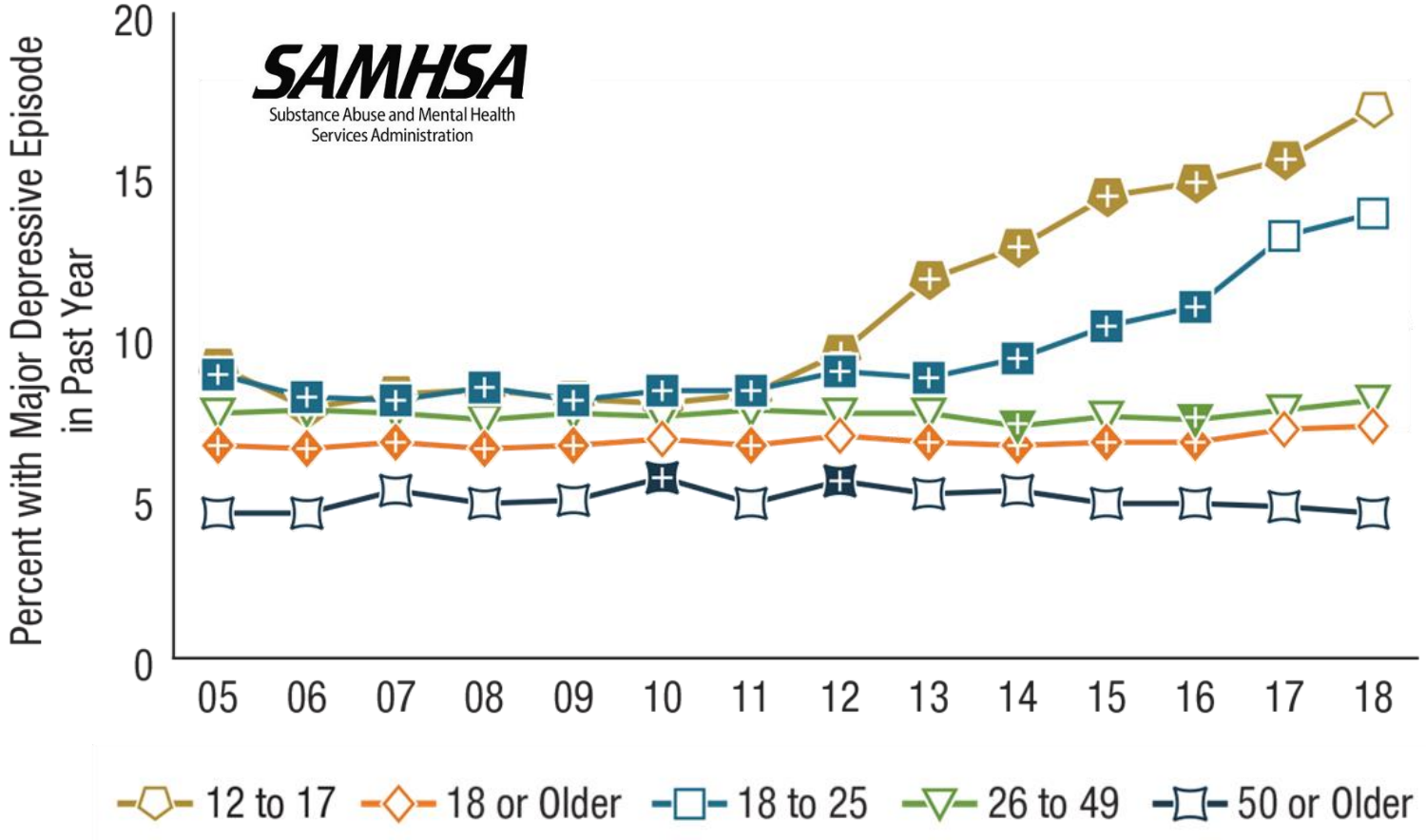
Major depression has been rising in US teens & young adults for years

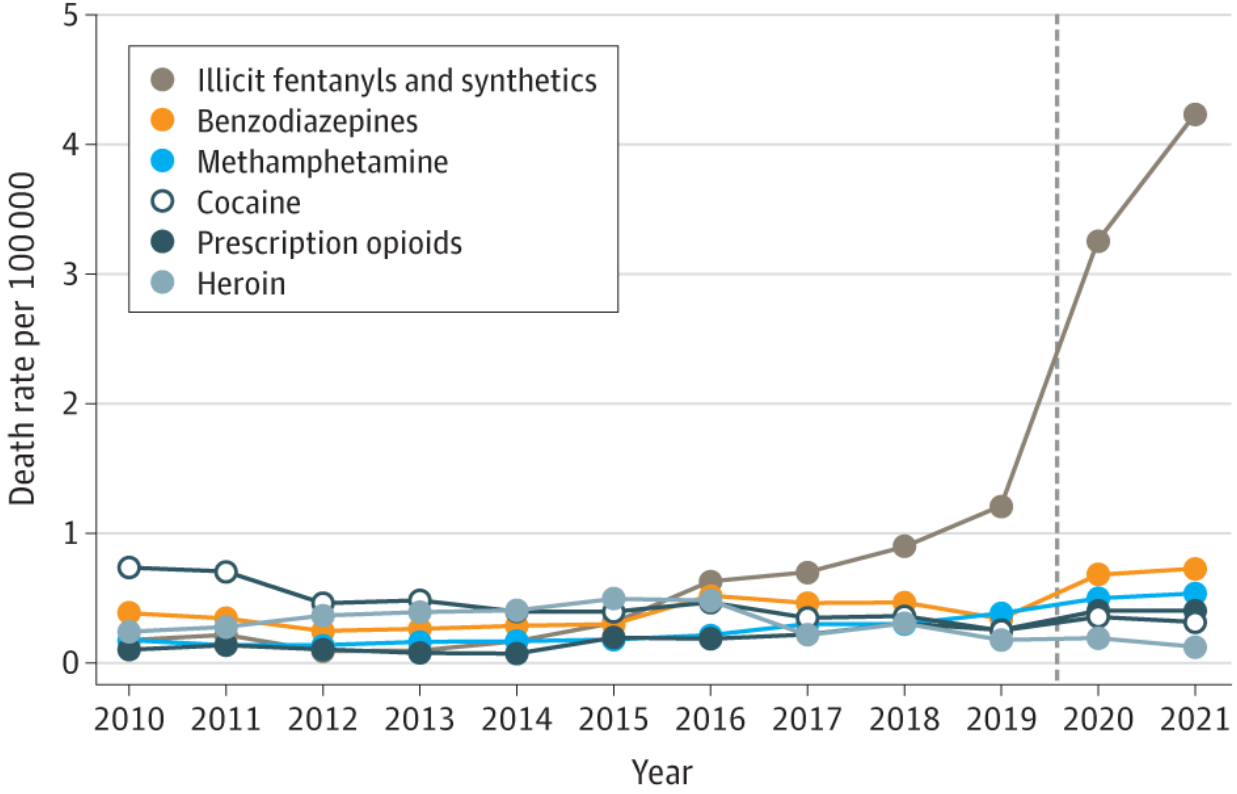


+ Difference between this estimate and the 2018 estimate is statistically significant at the .05 level.

1 in 6 children aged 2-8 years has a mental, behavioral, or developmental disorder.

CDC
Centers for Disease Control and Prevention

Adolescent overdoses are on the rise too



"The proliferation of fentanyl in the drug supply is of enormous concern. Though the data indicate that drug use is not becoming more common among young people, **the tragic increase in overdose deaths suggest that drug use is becoming more dangerous** than ever before.

It is absolutely crucial to educate young people that pills purchased via social media, given to someone by a friend, or obtained from an unknown source may contain deadly fentanyl." - Dr. Nora Volkow, Director, National Institute on Drug Abuse, NIH

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Inadequacies in mental health service availability existed pre-pandemic

- Only 43% of US adults with mental illness & 10% with substance use disorder can access care
- 111 million Americans live in areas with mental health professional shortages and the current workforce is experiencing burn out and switching to private practice or digital BH companies mostly in-network with private insurers
- More than 1 million Americans attempt suicide each year
- Over 4,000 die by suicide each year in California

Child and youth mental health: fast facts

- **23-50% of US kids and teens have a diagnosable mental illness**
- 9% of teens have a diagnosed anxiety disorder, 6% a substance use disorder, and 4% diagnosed depression
- Kids in the US **wait 11 years on average to get treatment** – 60% of adolescents with a major depressive episode get no treatment at all
- Depression in teens/young women can lead to dating/intimate partner violence
- **3 in 4 children with depression also have anxiety**
- >1/3 of kids with behavior problems have anxiety

“Better, healthier days lie ahead. But to get there…we must also confront the longstanding public health challenges of ***social and racial injustice and inequity*** that have demanded action for far too long. And we must make up for ***potentially lost ground in areas like suicide, substance use disorder and overdose***...”

–New CDC Director Dr. Rochelle Walensky
January 20, 2020

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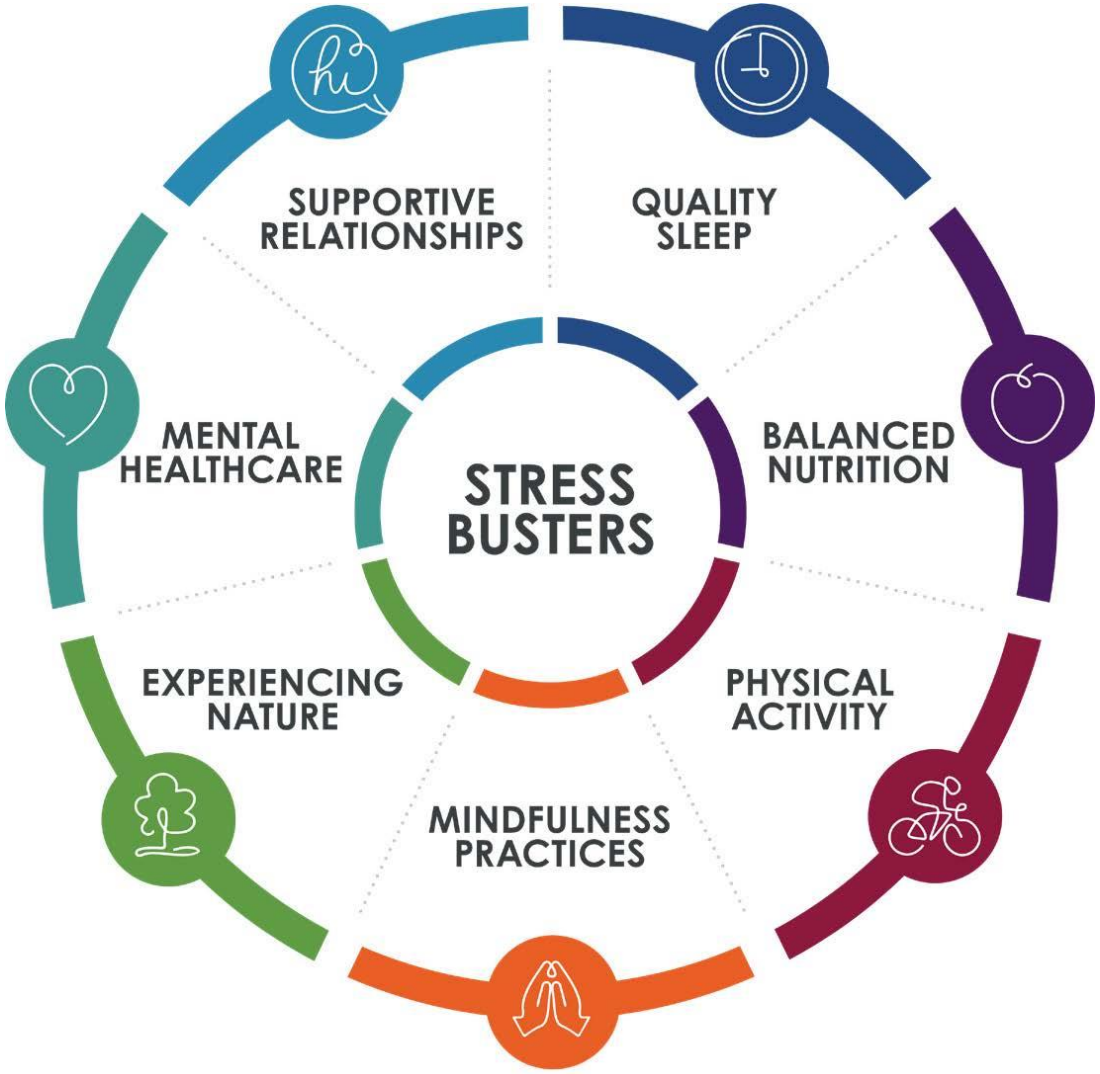

Sources: Bhushan D, et al. The Roadmap for Resilience: The California Surgeon General's Report on Adverse Childhood Experiences, Toxic Stress, and Health. Office of the California Surgeon General, 2020 DOI:10.48019/PEAM8812; Gilgoff et al. Adverse Childhood Experiences, Outcomes, and Interventions. *Pediatric Clinics* 2020; **67**(2): 259-73.

7 Buffers of Toxic Stress turn ACEs/trauma into biological resilience

- Mental health services
- Supportive relationships
- Sleep hygiene and treated sleep disorders
- Regular, moderate exercise
- Balanced nutrition
- Mindfulness/meditation
- Experiencing nature

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Every provider can play a role in an ACEs-aware network of care

Clinical Team/Organization Type	Examples of Buffering Support(s) Provided
Behavioral Health Clinical Team Members	
• Therapists and Counselors • County Mental Health Clinicians • Psychiatrists • Psychologists • Substance Use Disorder Treatment Clinicians • Social Workers • Case Managers • Peer Support Specialists • Federally Qualified Health Clinics and Rural Health Clinics	• Psychotherapy, including Trauma-Informed Cognitive-Behavioral Therapy (TF-CBT), Child-Parent Psychotherapy (CPP), Parent-Child Interaction Therapy (PCIT), Cue-Centered Therapy, Family Systems Therapy, Cognitive Processing Therapy, Prolonged Exposure Therapy, Dyadic Services, and EMDR Therapy • Infant and Early Childhood Mental Health services (IECMH) • Psychiatric care • Suicide prevention • Crisis counseling • Substance use disorder treatment • Case management and care coordination, including referral to ECM/CS or a CHW • Peer support specialist services • Promote regular, moderate physical activity including yoga and exercise • Promote mindfulness interventions, such as MBSR, meditation, yoga, tai chi • Prescribe and refer to nature experiences, such as park time, ecotherapy, wilderness therapy, adventure-based treatment programs • Refer to primary care for management of other ACE-associated Health Conditions

See Appendix for additional partners who contribute in your community!

Help clients/patients make a realistic, stress buffering plan

1. Stay connected and present for healthy relationships
2. Make and keep an appointment with a therapist, social worker or psychiatrist
3. Practice sleep hygiene – go to bed and wake up at the same time each day, keep bedroom cool, quiet and free of distractions/phones, avoid late caffeine
4. Exercise at least 30-60 minutes, 3-5 days a week and build from there
5. Avoid junk/carbs; eat veggies, fruit and lean protein
6. Practice mindfulness/meditation – there are great apps and/or focus on prayer if that's your thing!
7. Schedule daily time outdoors to rest or get your hands or sneakers dirty!

Check in once a day or 2-3x/week to see how things are going. Is it helping? If not, what needs to change?

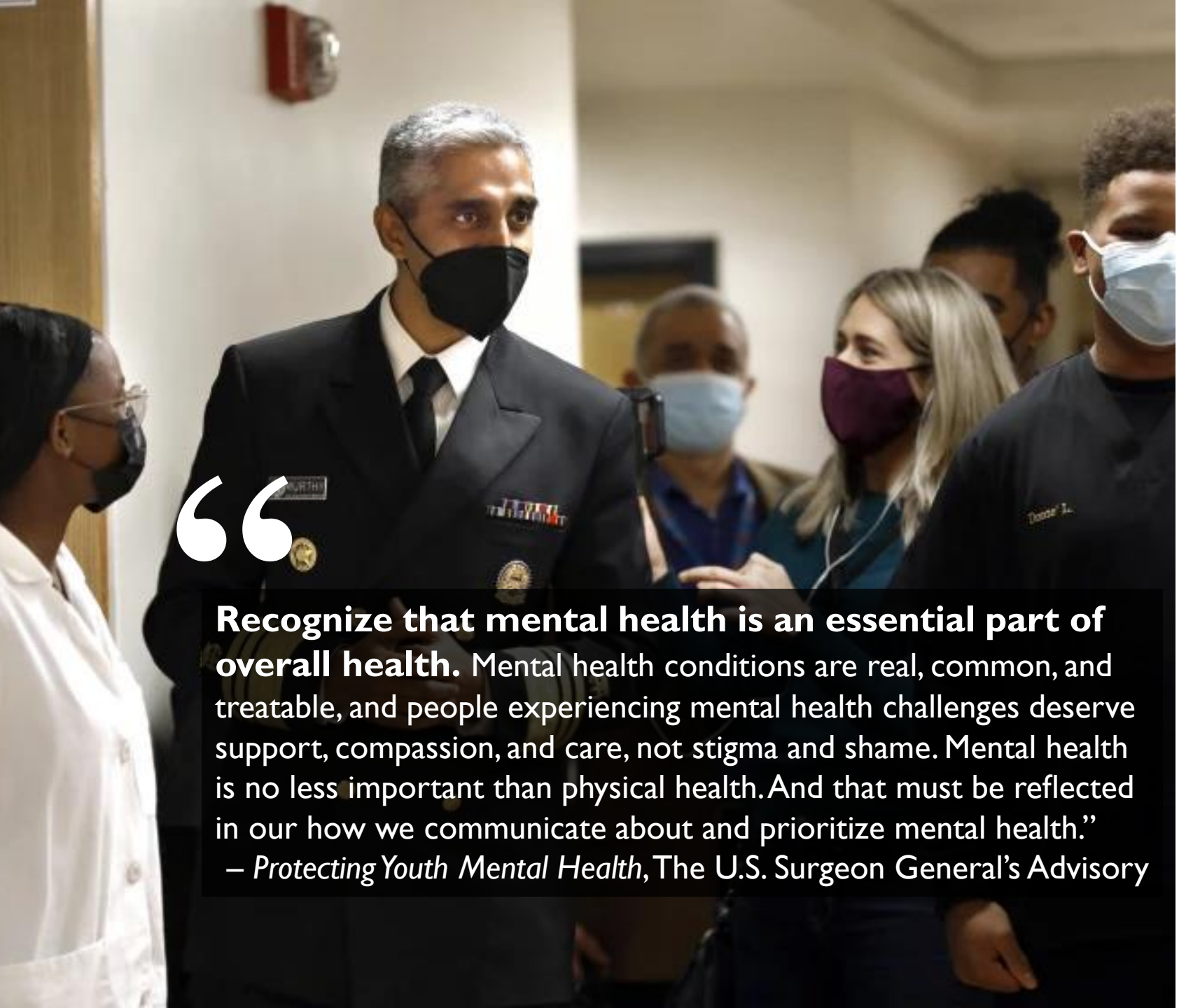
More tips for coping with stress

- Check in with your child, family and self to recognize how stress could be showing up in your bodies and minds
- Keep a journal to track symptoms like sleep pattern, appetite, headaches, bowel changes, fights with sibs, spouses or others, or even days you wanted to drink more than usual or not get out of bed
- If you have any chronic conditions, definitely track changes there. For instance, if you notice reaching for your asthma inhaler more or experience new or worse symptoms from your health condition

PROTECTING YOUTH MENTAL HEALTH

The U.S. Surgeon General's Advisory

2021



Recognize that mental health is an essential part of overall health. Mental health conditions are real, common, and treatable, and people experiencing mental health challenges deserve support, compassion, and care, not stigma and shame. Mental health is no less important than physical health. And that must be reflected in our how we communicate about and prioritize mental health."

– *Protecting Youth Mental Health*, The U.S. Surgeon General's Advisory

Tweet

Dr. Vivek Murthy, U.S. Surgeon...
@Surgeon_General

No child should feel like they have to go through a battle alone. It's on all of us to start building a culture that normalizes the process of talking about #YouthMentalHealth, seeking and receiving help, and holistically addressing the needs of youth.

npr.org
The U.S. surgeon general issues a stark warning about the state of youth mental health

988 SUICIDE & CRISIS LIFELINE

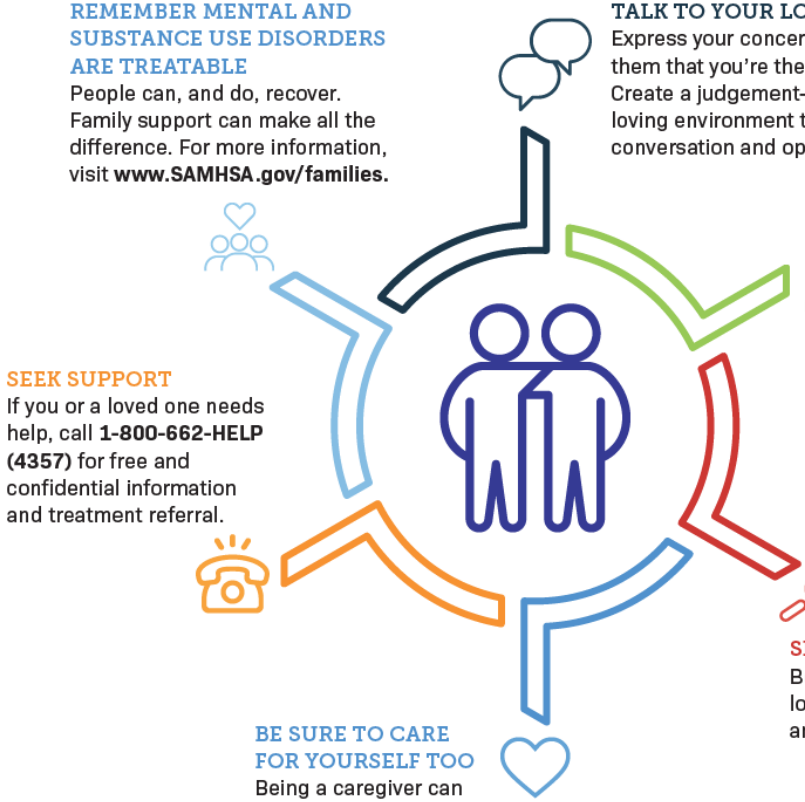
No matter where you live in the U.S., you can easily access 24/7 emotional support.

Call or text 988 or visit 988lifeline.org/chat to chat with a caring counselor.

We're here for you.

REMEMBER MENTAL AND SUBSTANCE USE DISORDERS ARE TREATABLE
People can, and do, recover. Family support can make all the difference. For more information, visit **www.SAMHSA.gov/families.**

TALK TO YOUR LOVED ONE
Express your concern and tell them that you're there to help. Create a judgement-free and loving environment to foster conversation and openness.



BE OPEN
Discuss your family history of mental illness or drug and alcohol use, if relevant. It may help your loved one feel less alone.

SEEK SUPPORT
If you or a loved one needs help, call **1-800-662-HELP (4357)** for free and confidential information and treatment referral.

SHOW COMPASSION
Be patient as you help your loved one locate resources and treatment services.

BE SURE TO CARE FOR YOURSELF TOO
Being a caregiver can be highly stressful and emotionally draining.

SAMHSA
Substance Abuse and Mental Health Services Administration

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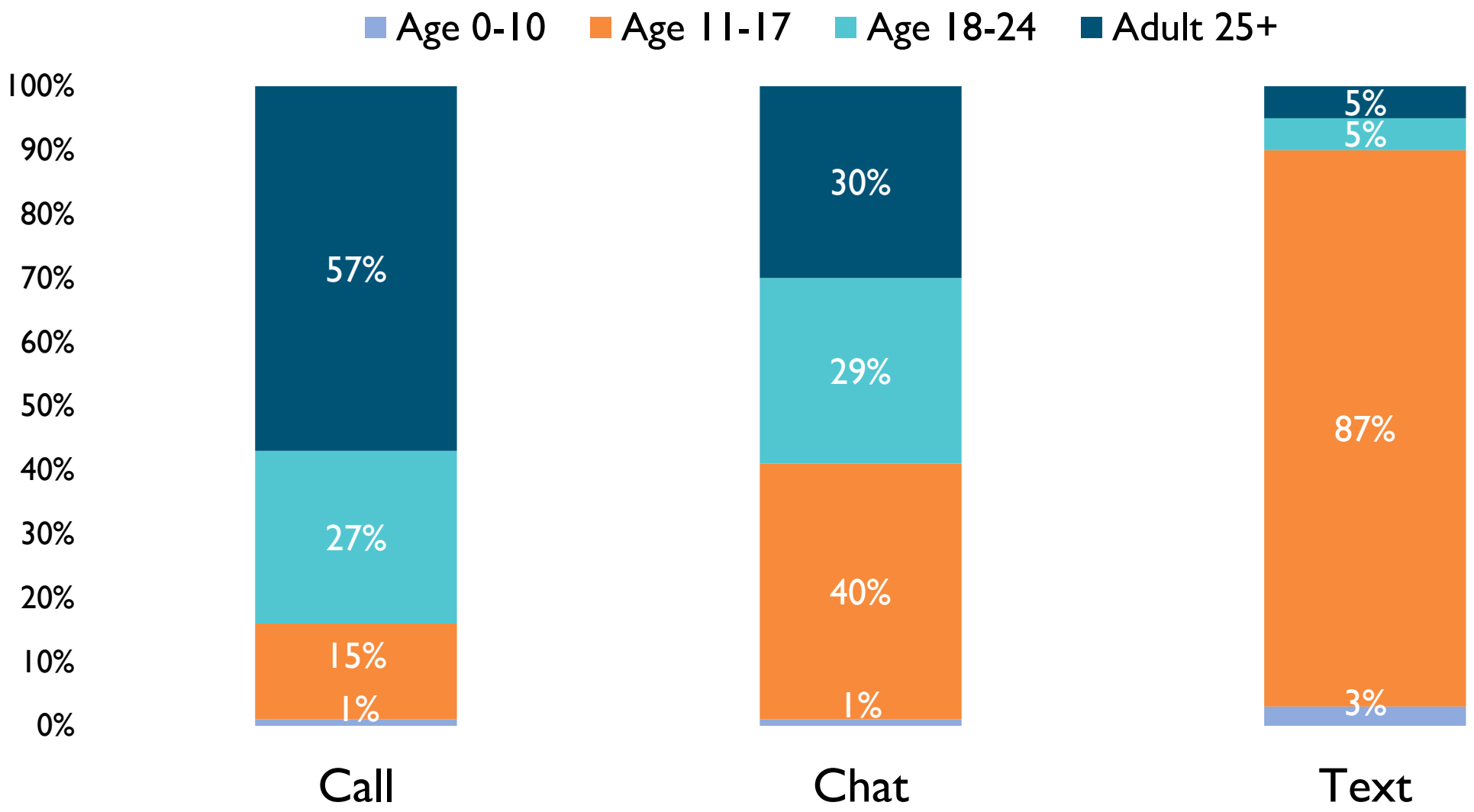
Youth have crisis (988) tech utilization preferences



Our Epidemic of Loneliness and Isolation 2023

The U.S. Surgeon General's Advisory on the Healing Effects of Social Connection and Community

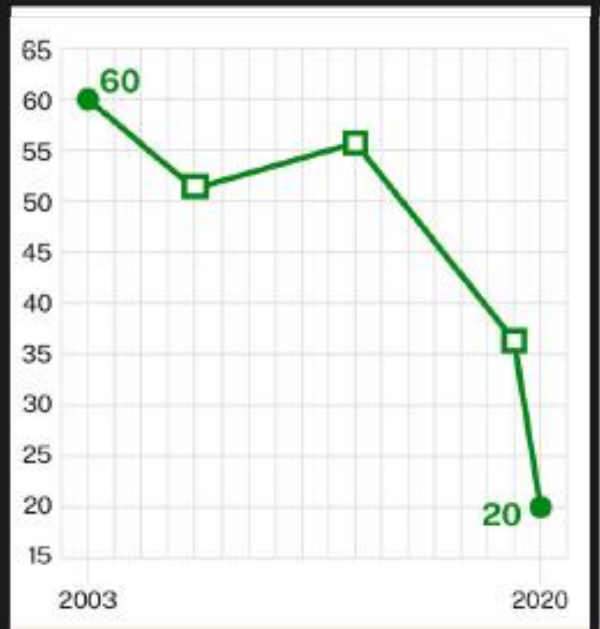
A message from the U.S. Surgeon General

“Loneliness harms both individual and societal health. It is associated with a greater risk of cardiovascular disease, dementia, stroke, depression, anxiety, and premature death. The mortality impact of being socially disconnected is similar to that caused by smoking up to 15 cigarettes a day, and even greater than that associated with obesity and physical inactivity. And the harmful consequences of a society that lacks social connection can be felt in our schools, workplaces, and civic organizations, where performance, productivity, and engagement are diminished.”

National Trends for
Social Connection

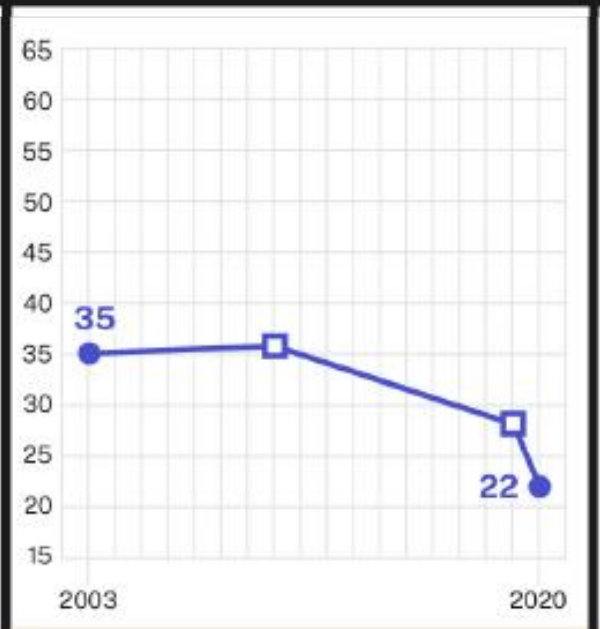
From 2003 to 2020, time spent alone increased, while time spent on in-person social engagement decreased.

ANNUAL DAILY AVERAGE IN MINUTES



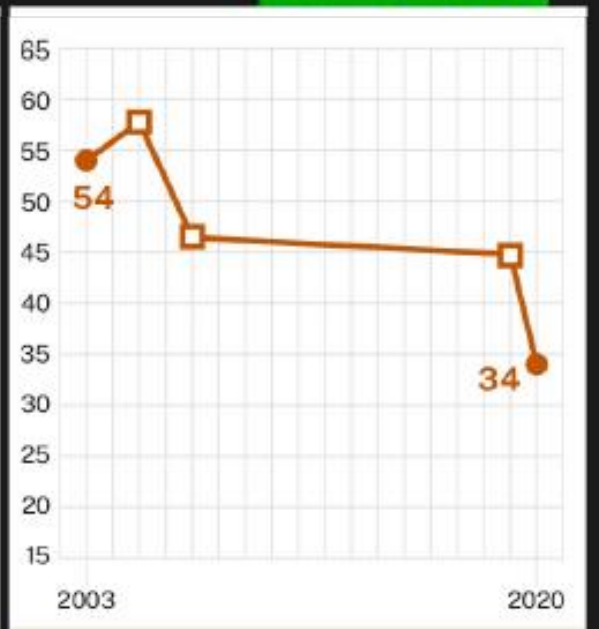
Social Engagement with Friends

a decrease of
20 hours per month



Non-Household Family Social Engagement

a decrease of
6.5 hours per month



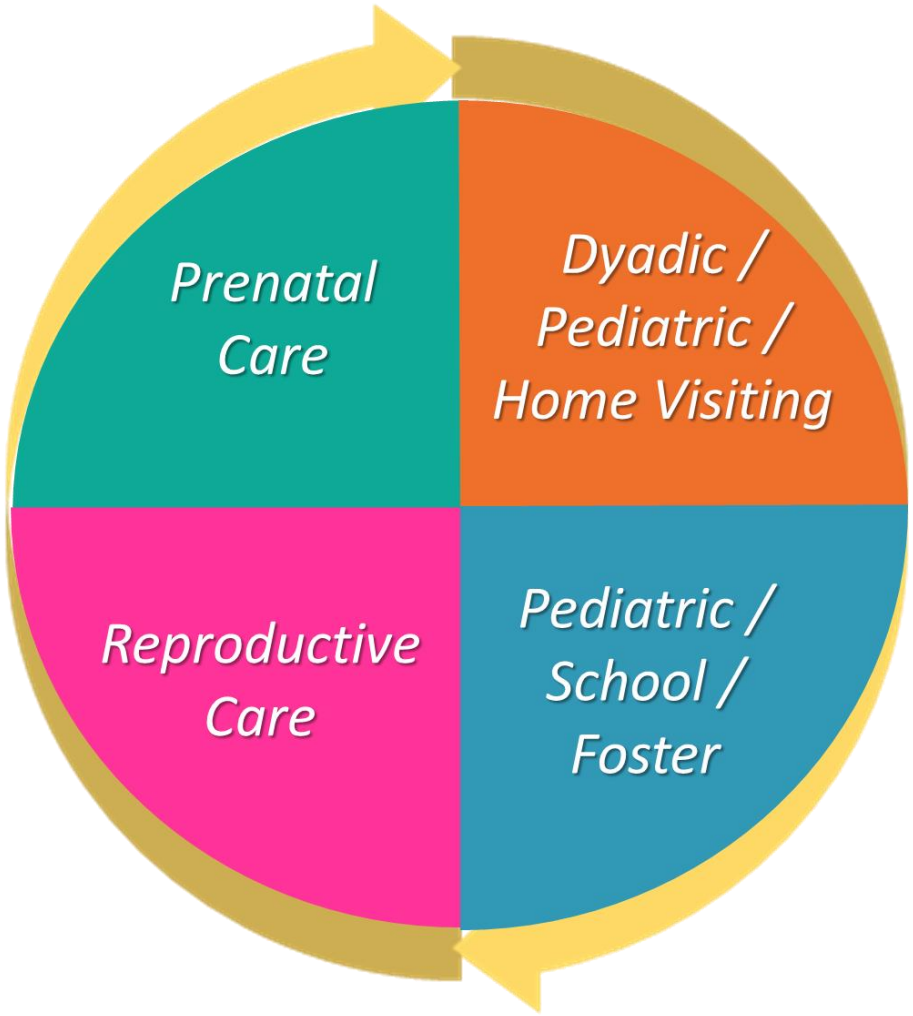
Social Engagement with Others

a decrease of
10 hours per month

YEAR

Office *of the* U.S. Surgeon General

To prevent cascading adversity we *must* connect services across sectors and lifecourse periods



Children whose mothers have very good or excellent health are less likely to experience ACEs

Expert recommendations:

1) Treat mental health, substance use, and IPV ***preconception through parenthood***
2) Educate parents and provide consistent social and supports, including quality home visiting, early education and childcare
3) Ensure sufficient income for families
4) Prevent teen pregnancy

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Bethell, CD, Davis, MB, Gombojav, N, Stumbo, S, Powers, K. Issue Brief: A national and across state profile on adverse childhood experiences among children and possibilities to heal and thrive. Johns Hopkins Bloomberg School of Public Health, October 2017.

A trauma-informed system

- Encourages decision making and self-efficacy
- Recognizes complexity
- Resists concept of “a right decision”
- Validates patients’ story
- Supports autonomy

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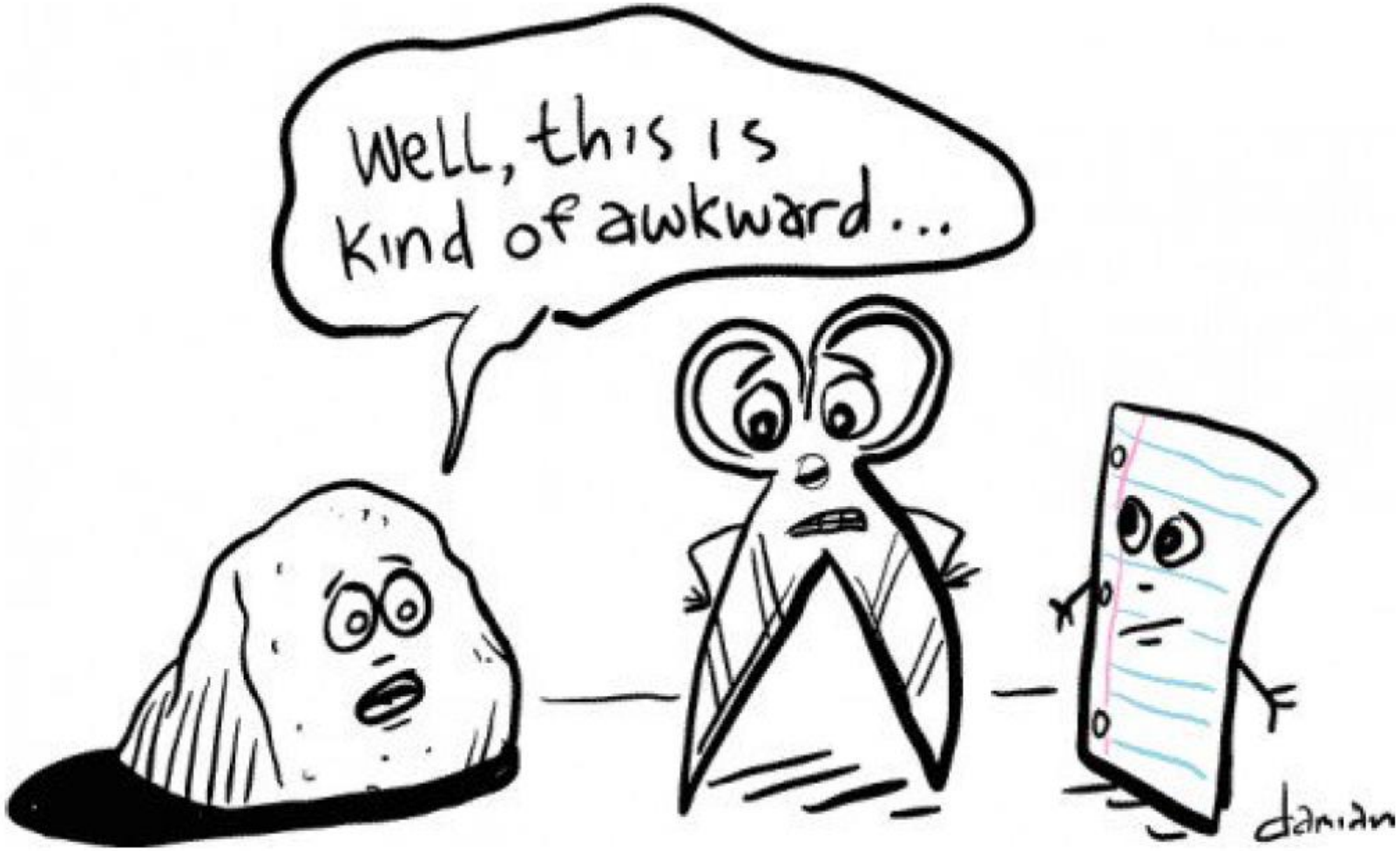
Appendix

Starting the ACE conversation



Introducing the PEARLS tool

"At our organization we ask all youth and parents about stressful events they or their child may have experienced in life."

"These can affect our physical and emotional health."

"Please fill out this form by checking yes for anything that happened to you/your child. Then add up the total number of events here."

(Show bottom of Part 1 and 2)

How many "Yes" did you answer in Part 1?:

What if they say…

"What is this for?"

You can say "*We ask everyone these questions so we can offer the best possible care and support.*"

"Why are you doing it?"

You can say "*Our providers recommend it because a lot of stress can negatively affect you and your child's health. Learning what happened helps us better support you and help you heal.*"

"If I don't want to fill this out, do I have to?"

You can say *"Of course not. This isn't the only way our team learns about your family's needs."*

Responding to PEARLS results

For all participants with positive scores (1 or more)

"Thank you for sharing these potentially difficult things you've been through." **(Then <u>pause</u> and let them talk)**

"I'm sorry these happened to you. Unfortunately, a lot of people in our community have experienced these."

If the score is 4+:

"We want to help with any effects these can have on your health. Here are some resources in the community that can help if you need or want them to".

What to say about PEARLS results

If the score is 1-3

“Do you want to share what’s causing you the most stress now, so I can know how to help in the best way possible?“

“What is the most important thing I can help with today?”

“Remember we discussed stressful life events last time? Did that help? Did any of the resources we discussed?"

What licensed providers and trainees can add

“We ask all our patients about stressful events, called ACEs, because we care. This understanding helps us better support you (your child) to heal.”

“Because of what you (your child) experienced I’m concerned that toxic stress may be contributing to some of the problems we have been discussing (like…)”

“There are ways to prevent and heal the effects of toxic stress on your (your child’s) brain and body. The earlier we address these stressors the faster the human body begins the work of adjusting and can develop an important strength in life called resilience.”

Anyone on the team can help after ACEs screening

- Remember: your healthy relationship with the child & family *is a buffer*
- Practice a trauma-informed response to positive screens

  ✓ *Empathize*: ”I’m sorry these things happened to you.”

  ✓ *Offer support & assistance*: “There are ways to prevent and help with any related effects. You may not have these challenges now, but here are some resources in case you do.“

  ✓ *Follow-up:* “Remember we discussed your (your child’s) adverse experiences last time, did that help? Did any of the resources?"

Childhelp®

National Child Abuse Hotline

1-800-422-4453

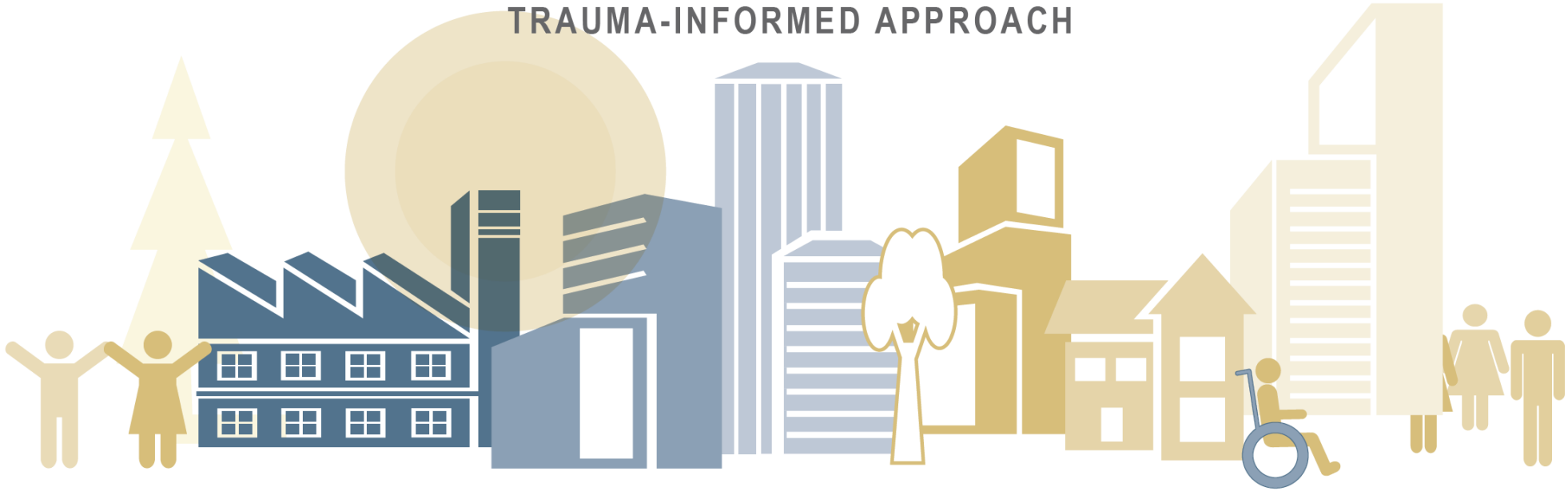
Now with text and chat

www.childhelphotline.org

SAMHSA'S 6 PRINCIPLES

of a

TRAUMA-INFORMED APPROACH



SAFETY

Prevents violence across the lifespan and creates safe physical environments.

TRUSTWORTHINESS

Fosters positive relationships among residents, City Hall, police, schools and others.

EMPOWERMENT

Ensures opportunities for growth are available for all.

COLLABORATION

Promotes involvement of residents and partnership among agencies.

PEER SUPPORT

Engages residents to work together on issues of common concern.

HISTORY, GENDER, CULTURE

Values and supports history, culture and diversity.

Many professionals can collaborate in an ACEs-aware network of care

Clinical Team/Organization Type	Examples of Buffering Support(s) Provided
Schools/Education	
• Pupil Personnel Services- Credentialed Professionals (i.e., school counseling, school nurses, school social work, school psychology, Child Welfare and Attendance, etc.) • School-Based Health Centers • Early Childhood Education Programs (e.g., Early Head Start, Head Start) • Free and Reduced-Price School Meals	• Create opportunities for supportive relationships through art, music, and other group activities and team sports before/ during/after school • Create opportunities for mentoring with caring adults (teachers, coaches, mentors) • Promotion of regular exercise such as through increased indoor and outdoor green space, outdoor recess, and playgrounds • Education and promotion of sleep hygiene • Education and promotion of balanced nutrition • Mindfulness and meditation exercises in school • School-based physical and mental health education and care • Suicide prevention programs • Coordination of Individualized Education Program (IEP) for students exhibiting symptoms of toxic stress • Early childhood development including preschool enrichment • Using restorative justice techniques that emphasize redirection, de-escalation tactics, and prioritize time in the classroom

aces aware
SCREEN. TREAT. HEAL.

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ACE FUNDAMENTALS | LEARN ABOUT SCREENING | IMPLEMENT ACE SCREENING | PROVIDE TREATMENT & HEALING

Just Launched: Safe Spaces

Foundations of Trauma-Informed Practice for Educational and Care Settings

LEARN MORE

stay ACEs Aware GET UPDATES

Clinical Team/Organization Type	Examples of Buffering Support(s) Provided
Primary Care Clinical Team Members	
• Pediatricians • Obstetrician-Gynecologists • Family Physicians • Internal Medicine • Physician Assistants • Nurse Practitioners • Certified Nurse-Midwives • Licensed Midwives • Doulas • Community Health Workers • Social Workers • Case Managers • Federally Qualified Health Centers and Rural Health Clinics	• Patient and family education about ACEs, toxic stress, and mitigation strategies • Supportive relationships with patients, caregivers, and family members • Promotion of healthy relationship norms including education, counseling, and modeling healthy interactions during patient visits • Promotion of sleep hygiene and treatment of sleep disorders • Promotion of regular, moderate physical activity • Nutritional strategies such as anti- inflammatory diet (e.g., Mediterranean diet) • Promotion of mindfulness interventions, such as Mindfulness-based stress reduction (MBSR), meditation, yoga, tai chi • Promotion of indoor green space and outdoor nature usage, including park prescriptions • Referral to parenting supports • Referral to Warm lines (e.g., CalHOPE) • Referral to mental/behavioral health care if necessary • Care coordination and case management • Referral to home visiting programs such as Nurse Family Partnership • Referral to other government and social service programs (e.g., for financial, food security, housing, etc.) • Referral to medical/legal partnerships

Clinical Team/Organization Type	Examples of Buffering Support(s) Provided
Early Intervention Services	
• Help Me Grow Organizations • ACE Collaboratives • Child Advocacy Centers • Healthy Steps	• Early intervention services and supports • Case management and care coordination • Early childhood development enrichment • Parent education regarding child development, parent-child groups • Child development experts that join pediatric team to promote health, well- being, and school readiness (e.g., Healthy Steps program)
Social Service Programs	
• Family Resource Centers • Regional Centers • Home Visiting Programs • CalFresh Food Benefits • Women, Infants, and Children (WIC) Program • Food Banks • Housing Assistance Agencies/ • Homeless Services • Domestic Violence Services and Shelters • Sexual Violence Services • Economic support programs (e.g., CalWORKS, Cal-Learn) • CDSS Family Stabilization Program	• Supportive relationships with patients and families • Immediate physical safety support services • Provision of food and nutrition education • Housing support services • Family-oriented economic supports • Workforce development and employment supports • Child welfare services that provide supports and resources to families and children involved in the child welfare system • Parent mentoring programs and parent support groups • Childcare navigation and services

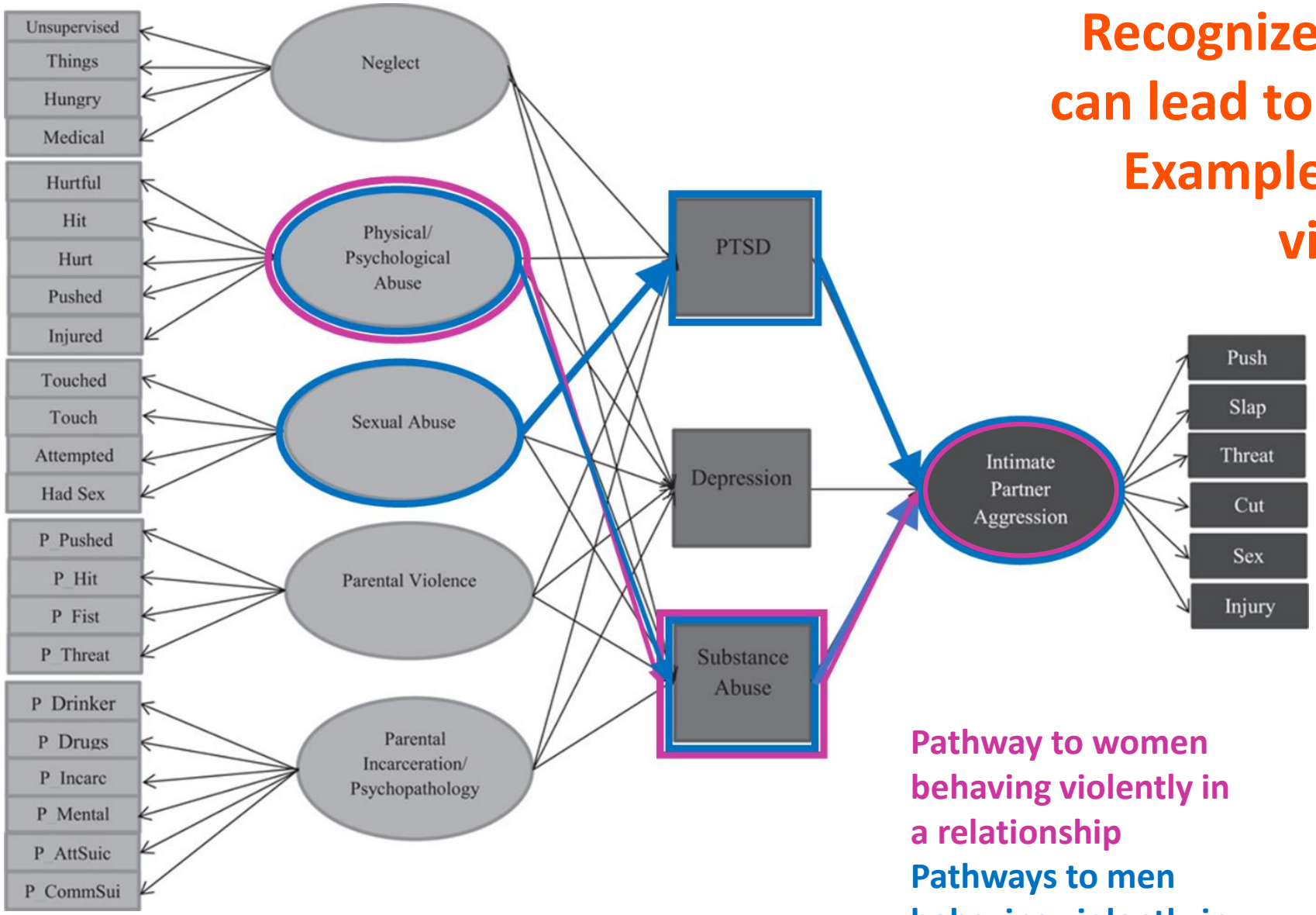
Clinical Team/Organization Type	Examples of Buffering Support(s) Provided
Local and County Government Programs	
• First 5 • Black Infant Health • Child Abuse Prevention Coordinating Councils • Services for Victims of Violent Crime • County Offices of Education • Parks & Recreation • Adult Protective Services	• Early childhood development support services • First 5 Talk, Read, Sing education campaign • Increase access to physical exercise • Increase access to indoor and outdoor green space/nature such as through parks and playgrounds • Public education on ACEs and toxic stress, and social norms about risky behaviors and AAHCs among other chronic health outcomes
Tribal Organizations	
• California Tribal Communities • Urban-Indian Health Agencies • Indian Child Welfare Act • Family Violence Prevention • Tribal Justice System	• Patient education about ACEs/toxic stress and mitigation strategies • Promotion of sleep hygiene and treatment of sleep disorders • Promotion of mindfulness practices • Promotion of indoor green space and outdoor nature usage, including park prescriptions • Nutritional strategies such as anti- inflammatory diet or supplementation of poly-unsaturated fatty acids. • Promotion of regular, moderate physical activity • Parent education regarding child development • Referral to mental/behavioral health care if necessary • Care coordination and case management

Clinical Team/Organization Type	Examples of Buffering Support(s) Provided
Legal/Justice System	
• Juvenile Justice and Probation • Family Courts • Professionals Trained in Collaborative Practice, such as Mediation and Collaborative Divorce Teams • Domestic Violence Support Services • Family Reunification Services • Tribal-State-Court Forum • Medical-Legal Partnerships	• Family support services • Promoting parenting efficacy, resilience, attachment, and family bonds, including reducing family violence • Restorative justice programs • Using redirection and de-escalation tactics • Handle with Care program • After school programs for juvenile offenders (e.g., Project Back-on-Track) • Providing alternatives to traditional criminal court proceedings (e.g., mental health court) • Increasing opportunities, family connection, and reunification for people reentering their communities following interaction with the criminal justice system • Services that address the medical, educational, vocational, and psychosocial needs of individuals and families upon release • Connections to interventions such as multi- systematic therapy, cognitive behavioral therapy, and family-based therapies
Managed Care Networks	
• Independent Practice Associations • Medi-Cal Managed Care Plans • County Mental Health Plans • Dental Managed Care Plans • Drug Medi-Cal Organized Delivery System (DMC-ODS)	• Physical, dental, mental health and substance use treatment services • Referrals • Care coordination

Clinical Team/Organization Type	Examples of Buffering Support(s) Provided
Community-Based Organizations	
• National Alliance on Mental Illness (NAMI) • Culturally Specific Clinical Team Members (e.g., Promotoras, LGBTQ community centers, translation services) • Organizations focused on trauma-informed care, specific ACEs, or certain communities	• Promotion of sleep hygiene • Promotion of regular, moderate physical activity • Mindfulness interventions and meditation • Experience nature, including parks and playgrounds • Patient and family education about ACEs, toxic stress, and mitigation strategies • Supportive relationships with patients and families that are culturally and linguistically appropriate • Education on balanced nutrition • Mental health care and substance use disorder support services • Peer support services • Crisis counseling • Family support services
Faith-Based Organizations	
• Faith-Based Institutions • Faith-Affiliated Social Service Organizations	• Supportive relationships with patients and families • Provision of food to support balanced nutrition • Mental health care supports • Crisis counseling

Clinical Team/Organization Type	Examples of Buffering Support(s) Provided
Digital Health Technology Platforms	
• Systems designed to connect people to services (e.g., Unite Us, Aunt Bertha, FINDConnect) • Care coordination of services (e.g., Mahmee, Emilio Health) • Mindfulness services, (e.g., Headspace, Calm)	• Identify local resources that are available for referral for ACE prevention and toxic stress mitigation • Connect patients to resources • Coordinate referrals, data, and care • Coordinate care for individuals within families receiving care separately (e.g., in the child vs. adult health systems) • Optimize the availability, efficiency, and effectiveness of services provided across sectors (e.g., Handle with Care initiative) • Support sleep hygiene • Support mindfulness and meditation practices

Recognize that specific ACEs can lead to specific outcomes Example: Intimate partner violence prevention



Pathway to women behaving violently in a relationship

Pathways to men behaving violently in a relationship

Brown, M. J., Perera, R. A., Masho, S. W., Mezuk, B., & Cohen, S. A. (2015). Adverse childhood experiences and intimate partner aggression in the US: Sex differences and similarities in psychosocial mediation. Social science & medicine, 131, 48-57.

The PEARLS screens for Intimate Partner Violence

9. Have you ever experienced sexual abuse?
(for example, has anyone touched you or asked you to touch that person in a way that was unwanted, or made you feel uncomfortable, or anyone ever attempted or actually had oral, anal, or vaginal sex with you)

9. Have you ever experienced verbal or physical abuse or threats from a romantic partners?
(for example, a boyfriend or girlfriend)

Anyone can help after IPV screening

- W.H.O.'s "woman-centered" care – confidential, private support without judgement, and ***no pressure to leave the relationship***

  ✓ *Empathize*: "I am very sorry this is happening/happened to you."
  ✓ *Validate*: "You must be very strong to have been able to go through this and now to be able to ask for help."
  ✓ *Offer support & assistance*: "I want to help you through this any way I can."
  ✓ *Follow-up closely*, especially in crisis

National Teen Dating Abuse Hotline

1-866-331-9474

NATIONAL DOMESTIC VIOLENCE HOTLINE

1-800-799-SAFE

How You Can Help

1. **IDENTIFY AN APPROPRIATE TIME AND PLACE.** Consider a private setting with limited distractions, such as at home or on a walk.

2. **EXPRESS CONCERNS AND BE DIRECT.** Ask how they are feeling and describe the reasons for your concern.

3. **ACKNOWLEDGE THEIR FEELINGS AND LISTEN.** Listen openly, actively, and without judgement.

4. **OFFER TO HELP.** Provide reassurance that mental and/or substance use disorders are treatable. Help them locate and connect to treatment services.

5. **BE PATIENT.** Recognize that helping your loved one doesn't happen overnight. Continue reaching out with offers to listen and help.

What to Say

"I've been worried about you. Can we talk? If not, who are you comfortable talking to?"

"I see you're going through something. How can I best support you?"

"I care about you and am here to listen. Do you want to talk about what's been going on?"

"I've noticed you haven't seemed like yourself lately. How can I help?"

For more resources, visit **www.SAMHSA.gov/families**.

If you or someone you know needs help, call **1-800-662-HELP (4357)** for free and confidential information and treatment referral.

Wakai, S., Schilling, E. A., Aseltine Jr, R. H., Blair, E. W., Bourbeau, J., Duarte, A., ... & Welsh, A. (2020). Suicide prevention skills, confidence and training: Results from the Zero Suicide Workforce Survey of behavioral health care professionals. *SAGE open medicine*, *8*, 2050312120933152.

HIGHLY EXPOSED TO SUICIDE, BH PROFESSIONALS NEED SPECIALIZED TRAINING

55-71% have treated a client who attempted suicide

24-31% have had a client die at some point in their career

Yet 1 in 3 have *never* had suicide training

Only 61% of those trained and 28% of those untrained feel confident they can treat suicidal thoughts and behaviors with evidence-based therapy

Suicide warning signs in youth

It's time to take action if you notice family or friends:

- Talking about or making plans for suicide or hurting themselves
- Expressing hopelessness about the future
- Displaying severe/overwhelming emotional pain or distress

- Worrisome changes in behavior, particularly in combination with warning signs to the left, including:
  - Withdrawal from or changing social connections/situations
  - Changes in sleep (increased or decreased)
  - Anger or hostility that seems out of character or out of context
  - Recent increased agitation or irritability


#BeThe1To
If you think someone might be considering suicide,
be the one to help them by taking these 5 steps:
ASK. KEEP THEM
SAFE. BE THERE.
HELP THEM CONNECT.
FOLLOW UP.

Depression

Assessment and Management Guide

1. Does the person have moderate-severe depression?

Over the last *2 weeks*, how often have you been bothered by any of the following problems?
(use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite — being so figety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself	0	1	2	3
add columns		+	+	

(Healthcare professional: For interpretation of TOTAL, please refer to accompanying scoring card). TOTAL:

10. If you checked off *any problems*, how *difficult* have these problems made it for you to do your work, take care of things at home, or get along with other people?

- Not difficult at all
- Somewhat difficult
- Very difficult
- Extremely difficult

YES

If YES to all 3 questions then: **moderate-severe depression** is likely

- » Psychoeducation. » **DEP 2.1**
- » Address current psychosocial stressors. » **DEP 2.2**
- » Reactivate social networks. » **DEP 2.3**
- » Consider antidepressants. » **DEP 3**
- » If available, consider interpersonal therapy, behavioural activation or cognitive behavioural therapy. » **INT**
- » If available, consider adjunct treatments: structured physical activity programme » **DEP 2.4**, relaxation training or problem-solving treatment. » **INT**
- » **DO NOT** manage the complaint with injections or other ineffective treatments (e.g. vitamins).
- » Offer regular follow-up. » **DEP 2.5**

NO

If NO to some or all of the three questions and if no other priority conditions have been identified on the mhGAP-IG Master Chart

- » Exit this module, and assess for **Other Significant Emotional or Medically Unexplained Somatic Complaints** » **OTH**

In case of recent bereavement or other recent major loss

*Follow the above advice but **DO NOT** consider antidepressants or psychotherapy as first line treatment. Discuss and support culturally appropriate mourning/ adjustment.*

This tool is known as the PHQ-2 or PHQ-9

It can screen *and* track depression severity

Over the last *2 weeks*, how often have you been bothered by any of the following problems?
(use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite — being so figety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself	0	1	2	3
		add columns	+	+
		TOTAL:		

(Healthcare professional: For interpretation of TOTAL, please refer to accompanying scoring card).

10. If you checked off *any problems*, how *difficult* have these problems made it for you to do your work, take care of things at home, or get along with other people?

- Not difficult at all _____
- Somewhat difficult _____
- Very difficult _____
- Extremely difficult _____

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Psychosocial/Non-Pharmacological Treatment and Advice

2.1 Psychoeducation
(for the person and his or her family, as appropriate)

» Depression is a very common problem that can happen to anybody.

» Depressed people tend to have unrealistic negative opinions about themselves, their life and their future.

» Effective treatment is possible. It tends to take at least a few weeks before treatment reduces the depression. Adherence to any prescribed treatment is important.

» The following need to be emphasized:
- the importance of **continuing**, as far as possible, **activities that used to be interesting or give pleasure**, regardless of whether these currently seem interesting or give pleasure;
- the importance of trying to **maintain a regular sleep cycle** (i.e., going to be bed at the same time every night, trying to sleep the same amount as before, avoiding sleeping too much);
- the benefit of **regular physical activity**, as far as possible;
- the benefit of **regular social activity**, including participation in communal social activities, as far as possible;
- recognizing **thoughts of self-harm or suicide** and coming back for help when these occur;
- in older people, the importance of continuing to seek help for physical health problems.

2.2 Addressing current psychosocial stressors

» Offer the person an **opportunity to talk**, preferably in a private space. Ask for the person's subjective understanding of the causes of his or her symptoms.

» Ask about **current psychosocial stressors** and, to the extent possible, address pertinent social issues and problem-solve for psychosocial stressors or relationship difficulties with the help of community services/resources.

» Assess and manage any situation of **maltreatment, abuse** (e.g. domestic violence) and **neglect** (e.g. of children or older people). Contact legal and community resources, as appropriate.

» **Identify supportive family members and involve them** as much as possible and appropriate.

» **In children and adolescents:**
- Assess and manage **mental, neurological and substance use problems** (particularly depression) in parents (see mhGAP-IG Master Chart).
- Assess **parents' psychosocial stressors** and manage them to the extent possible with the help of community services/resources.
- Assess and manage **maltreatment, exclusion or bullying** (ask child or adolescent directly about it).
- If there are **school performance problems**, discuss with teacher on how to support the student.
- Provide culture-relevant parent skills training if available. **»INT**

2.3 Reactivate social networks

» Identify the person's **prior social activities** that, if re-initiated, would have the potential for providing direct or indirect psychosocial support (e.g. family gatherings, outings with friends, visiting neighbours, social activities at work sites, sports, community activities).

» Build on the person's strengths and abilities and actively encourage to **resume prior social activities** as far as is possible.

2.4 Structured physical activity programme
(adjunct treatment option for moderate-severe depression)

» Organization of physical activity of moderate duration (e.g. 45 minutes) 3 times per week.

» Explore with the person what kind of physical activity is more appealing, and support him or her to gradually increase the amount of physical activity, starting for example with 5 minutes of physical activity.

2.5 Offer regular follow-up

» Follow up regularly (e.g. in person at the clinic, by phone, or through community health worker).

» Re-assess the person for improvement (e.g. after 4 weeks).

» The following need to be emphasized:

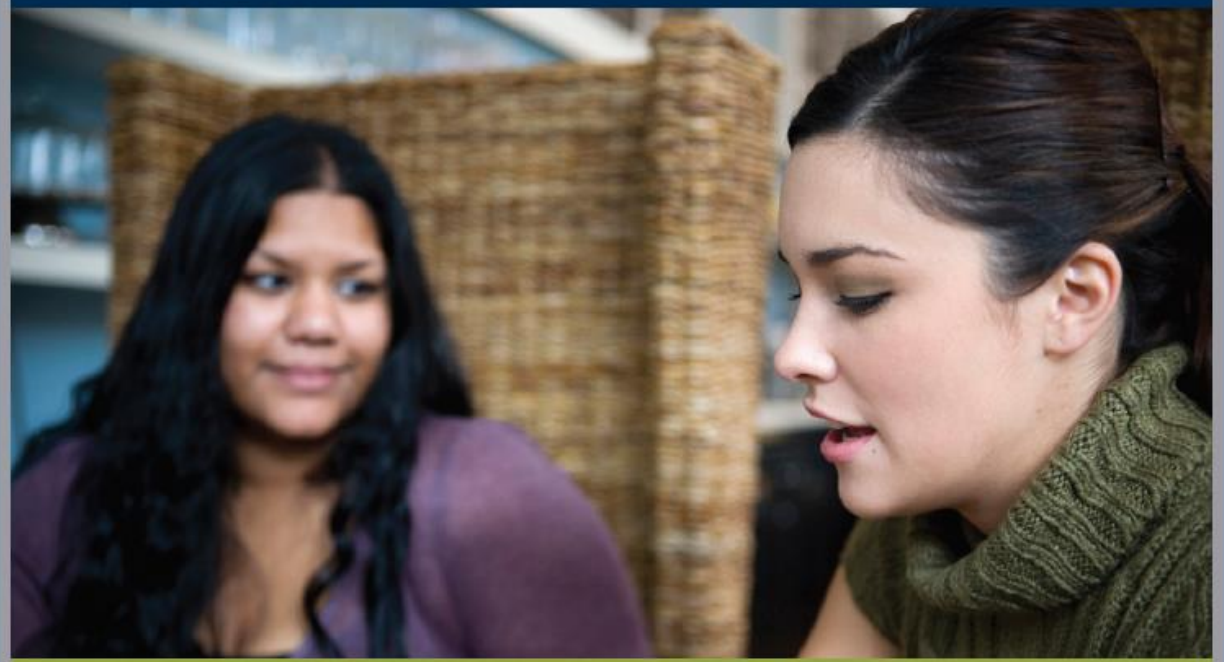
- the importance of **continuing**, as far as possible, **activities that used to be interesting or give pleasure**, regardless of whether these currently seem interesting or give pleasure;
- the importance of trying to **maintain a regular sleep cycle** (i.e., going to be bed at the same time every night, trying to sleep the same amount as before, avoiding sleeping too much);
- the benefit of **regular physical activity**, as far as possible;
- the benefit of **regular social activity**, including participation in communal social activities, as far as possible;
- recognizing **thoughts of self-harm or suicide** and coming back for help when these occur;
- in older people, the importance of continuing to seek help for physical health problems.

This type of brief intervention is known as *Behavioral Activation*

It allows patients to behave first and "feel later" to achieve goals that re-enforce healthy behaviors

MI MOTIVATIONAL INTERVIEWING

an evidence-based treatment



Encouraging Motivation to Change

Am I Doing this Right?

Motivational Interviewing encourages you to help people in a variety of service settings discover their interest in considering and making a change in their lives (e.g., to manage symptoms of mental illness, substance abuse, other chronic illnesses such as diabetes and heart disease).

REMIND ME

Use the back of this card to build self-awareness about your **attitudes**, **thoughts**, and **communication style** as you conduct your work. Keep your attention centered on the people you serve. Encourage *their* motivation to change.

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Encouraging Motivation to Change

Am I Doing this Right?

1. ✔ **Do I listen more than I talk?**
   ✗ Or am I talking more than I listen?

2. ✔ **Do I keep myself sensitive and open to this person's issues, whatever they may be?**
   ✗ Or am I talking about what I think the problem is?

3. ✔ **Do I invite this person to talk about and explore his/her own ideas for change?**
   ✗ Or am I jumping to conclusions and possible solutions?

4. ✔ **Do I encourage this person to talk about his/her reasons for *not changing*?**
   ✗ Or am I forcing him/her to talk only about change?

5. ✔ **Do I ask permission to give my feedback?**
   ✗ Or am I presuming that my ideas are what he/she really needs to hear?

6. ✔ **Do I reassure this person that ambivalence to change is normal?**
   ✗ Or am I telling him/her to take action and push ahead for a solution?

7. ✔ **Do I help this person identify successes and challenges from his/her past *and* relate them to present change efforts?**
   ✗ Or am I encouraging him/her to ignore or get stuck on old stories?

8. ✔ **Do I seek to understand this person?**
   ✗ Or am I spending a lot of time trying to convince him/her to understand me and my ideas?

9. ✔ **Do I summarize for this person what I am hearing?**
   ✗ Or am I just summarizing what I think?

10. ✔ **Do I value this person's opinion more than my own?**
    ✗ Or am I giving more value to my viewpoint?

11. ✔ **Do I remind myself that this person is capable of making his/her own choices?**
    ✗ Or am I assuming that he/she is not capable of making good choices?

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