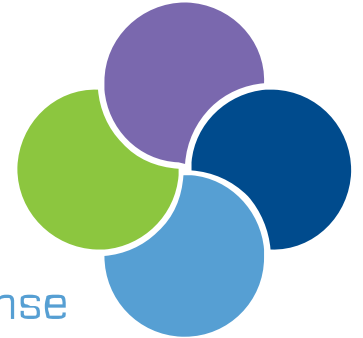


We Care, We Listen, We Respond...24 Hours a Day

Dr. Bart Andrews  
VP-Clinical Practice/  
Evaluation

*BHR*

Behavioral Health Response



**ST. LOUIS COUNTY  
YOUTH CONNECTION  
HELPLINE**

# Prevalence – Anxiety&Depression

- **20%** of youth will experience depression or anxiety by age 18 – Formal DX (Costello, et al, 2003)
- They frequently co-occur and impact everyday functioning (Garber & Weersing, 2010)
- **BUT** anonymous surveys show youth report much higher prevalence

# Missouri Prevalence Data (YRBS)

- 27% of Missouri youth report depression
- 14% report seriously considering suicide
- 12% have made a plan about how they would suicide
- 7% have attempted suicide
- 2% report attempt requiring medical treatment

<http://nccd.cdc.gov/youthonline/App/Default.aspx?SID=HS>

# Environmental View of Wellness

## Ongoing Questions

- Nature or Nurture?
- Both?
- Which is more important?
  - There is a “better” answer
- Can environment change genetic expression?

## Emerging Evidence

- ACEs study/Toxic Stress
- Mental Illness Prevalence HIGHER in industrialized nations
- South Korea
- BLUE ZONES -  
[https://  
www.bluezones.com/](https://www.bluezones.com/)

**ACE'S, EPIGENETICS AND  
TRAUMA?**

**MOM, START THE VAN, THIS  
GUY'S GONE SCI-FI LOCO**

# ACEs, Epigenetics and Brain Change

- Adverse Childhood Experiences ALTER genetic expression
- Parents can pass down stress through RNA changes
- Depression leads to long term functional changes, left untreated, it becomes increasingly resistant to treatment
- Anxiety/Stress increases cortisol, cortisol linked to epigenetic effects and TOXIC STRESS

It is not what is wrong with youth, or what they have done,

**IT IS WHAT HAS HAPPENED TO THEM**

# What does

- Depressions look like?



- Anxiety looks like?



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# Recognizing Signs of Distress

- Depressed or irritable mood
- Difficulty sleeping or concentrating
- Change in grades, getting into trouble at school, or refusing to go to school
- Change in eating habits
- Feeling angry or irritable
- Mood swings
- Feeling worthless or restless
- Frequent sadness or crying
- Withdrawing from friends and activities
- Loss of energy
- Low self-esteem
- Thoughts of death or suicide



# Depression Screening: 12 and Up

## Recommendation Summary

Population	Recommendation	Grade (What's This?)
Adolescents aged 12 to 18 years	The USPSTF recommends screening for major depressive disorder (MDD) in adolescents aged 12 to 18 years. Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up.	<b>B</b>
Children aged 11 years or younger	The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening for MDD in children aged 11 years or younger.	<b>I</b>

<http://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/depression-in-children-and-adolescents-screening1>

# Recommended Screening Tools

- PHQ-A

## Severity Measure for Depression—Child Age 11–17\*

\*PHQ-9 modified for Adolescents (PHQ-A)—Adapted

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: Male  Female  Date: \_\_\_\_\_

Instructions: How often have you been bothered by each of the following symptoms during the past **7 days**? For each symptom put an "X" in the box beneath the answer that best describes how you have been feeling.

					Clinician Use
					Item score
	(0) Not at all	(1) Several days	(2) More than half the days	(3) Nearly every day	
1.	Feeling down, depressed, irritable, or hopeless?				
2.	Little interest or pleasure in doing things?				
3.	Trouble falling asleep, staying asleep, or sleeping too much?				
4.	Poor appetite, weight loss, or overeating?				
5.	Feeling tired, or having little energy?				
6.	Feeling bad about yourself—or feeling that you are a failure, or that you have let yourself or your family down?				
7.	Trouble concentrating on things like school work, reading, or watching TV?				
8.	Moving or speaking so slowly that other people could have noticed?  Or the opposite—being so fidgety or restless that you were moving around a lot more than usual?				
9.	Thoughts that you would be better off dead, or of hurting yourself in some way?				
<b>Total/Partial Raw Score:</b>					
<b>Prorated Total Raw Score: (if 1-2 items left unanswered)</b>					

Modified from the PHQ-A (J. Johnson, 2002) for research and evaluation purposes

- Beck Depression Inventory – Youth (BDI-Y)

<http://counselingyouthwithdepression.weebly.com/beck-youth-inventories-byi.html>

# Screening vs Engaging

- We are much better at identifying externalized disorders than internalized disorders (yes, there is overlap)
- There are many, many screening instruments
- But engagement is vital
  - “Are you OK?”
  - “I have noticed . . . .”
  - “I am worried”
  - “If you were not doing OK, what would make it harder for you to talk about it?”
  - “If you were not doing OK, what would make it easier for you to talk about it?”
  - “I’d like to help you with these problems you’re facing”

## Children's Service Fund Mission

“To improve the lives of children, youth, and families in St. Louis County by strategically investing in the creation and maintenance of an integrated system of care that delivers effective and quality mental health and substance abuse services.”



## Youth In Need

“Youth In Need is a nonprofit organization that provides a continuum of services dedicated to building positive futures for the community's most vulnerable children, youth, and families.”



## Where is SafePlace?



SafePlace is a national crisis prevention program with 200 locations in St. Louis where youth can receive immediate assistance from trained staff.

## BHR



“BHR provides crisis intervention services in Eastern Region of Missouri to ensure that our community has 24/7 access to mental health professionals and crisis services.”

# Youth Connection Helpline



The St. Louis County Youth Connection Helpline is a 24/7, one step access point for children, youth and families in St. Louis County.

# Why the Helpline

One number to access community youth resources.



Helpline can follow up on referrals.

Gives community the opportunity to talk directly with clinician 24 hours a day.

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# Youth Connection Contact

Easy access: CALL. TEXT. GO.CHAT

- Telephone
- CHAT
- TXT Messages
- Safe Place Locations



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# Youth Connection Contact

Contact may be from:

- Employee of SafePlace site
- Youth 19 and under
- Family member
- Community member
- Community agency
- No wrong entry point



# Youth Connection Contact

- Counselor will focus on immediate needs.
- Families, agencies, law enforcement and youth CAN REQUEST face- to -face crisis services.
- Youth in Need will coordinate when shelter/ welfare needs are primary problems.

# Youth Connection Will Provide

Linkage to  
resources

Crisis  
intervention

Needs  
assessments

Coordination  
of services

Active  
follow up

# Youth Connection Follow up

Follow up will occur within 48 business hours of initial contact to:

- Assess and support
- Provide linkage assistance
- Ensure safety and stability
- Provide mobile services

# Youth Connection Follow up

If no linkage at contact:

- Direct linkage assistance
- Follow up weekly
- Home visit provided as needed in follow-up process

# FY 2015 Quick Breakdowns/Volume (est)

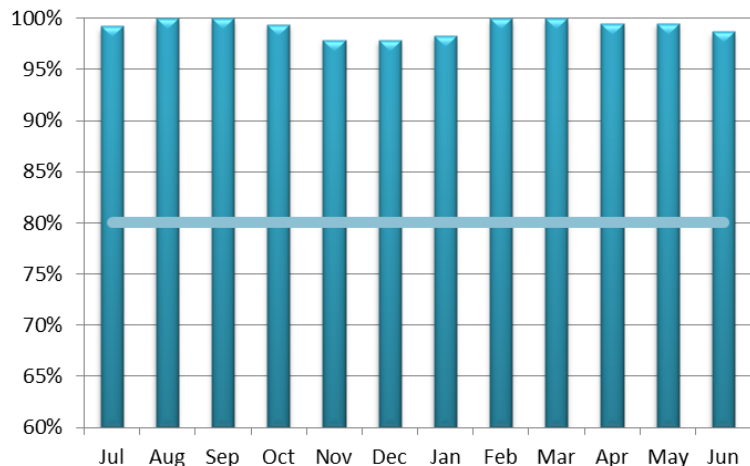
- 34,000 calls (inbound/outbound)
- 2,000 youth enrolled in follow-up
- +30% with elevated risk of harm
- < 2% referred to hospital/police response
- 9.5 (10pt) recommend YCH to others
- 7 (10pt) reported level of improvement

# Primary Problems (est)

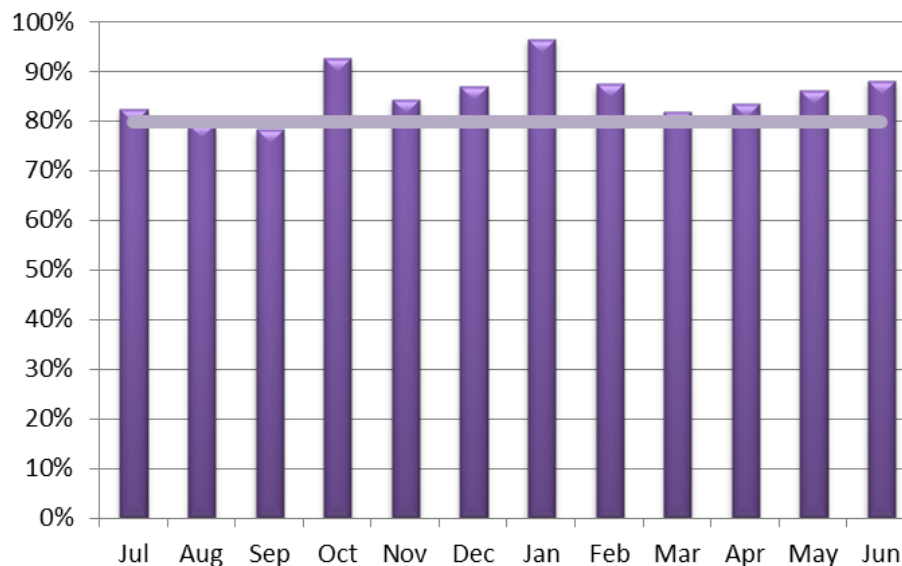
- 26% Education/Referral Assistance
- 21% Housing
- 21% Childhood/Adolescent/Family
- 20% Non-acute Mental Health Needs
- 10% Emergent (current suicide thoughts, acute psychiatric crisis, urgent med need)

# FY 2015 Outcomes

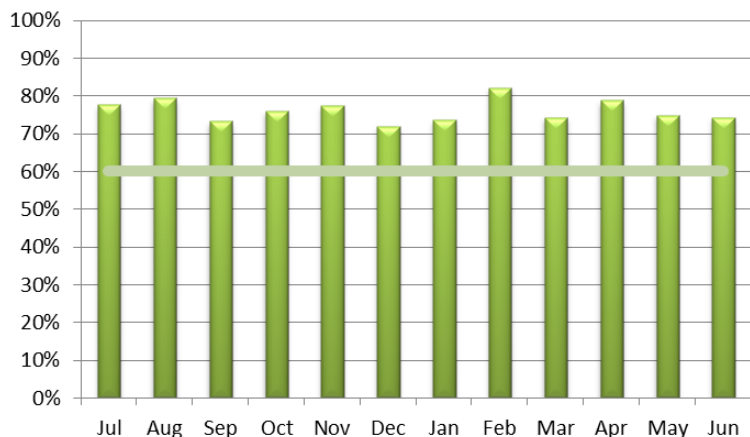
## Callers Gain Knowledge (%)



## SI/HI callers linked <= 2



## Callers Linked <= 14 days



## St. Louis County YCH Outcomes - FY 15

Follow-Up Stats	TOTAL	KPI
Completed Outcomes	1922	
Callers Gain Knowledge %	99%	80%
Linkage <= 14 days (%)	76%	60%
Callers with SI/HI (%)	32%	
SI/HI callers w/safety plan(%)	89%	80%
SI/HI callers linked <= 2 days (%)	85%	80%



# Referrals and Linkages- Top 10

## Referrals

Youth In Need	762	8.2%
Other	592	6.4%
Catholic Family Services	536	5.8%
Lutheran Family & Children's Services	465	5.0%
Jewish Family & Children's Services	385	4.1%
Epworth	380	4.1%
Provident	365	3.9%
Every Child's Hope	336	3.6%
BJC BH	327	3.5%
Great Circle	247	2.7%

## Linkages

Youth In Need	457	17.0%
BJC BH	256	9.5%
St. Vincent Home for Children	59	2.2%
Child Center-Marygrove	51	1.9%
Epworth	49	1.8%
Children's Foundation	48	1.8%
Every Child's Hope	43	1.6%
Lutheran Family & Children's Services	43	1.6%
Great Circle	43	1.6%
Catholic Family Services	36	1.3%
Provident	33	1.2%

**BHR**

Behavioral Health Response



**For Additional Training**

**Lisa Lappin 314-628-6214**  
**llappin@bhrworldwide.com**

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