

Partnering to protect the health and safety of our community's children



2022 MENTAL HEALTH REPORT



Let's do more, together.

There is a “shadow pandemic” evolving among our children — a mental and behavioral health emergency. Recently, the U.S. surgeon general, citing the additional cumulative stress from the pandemic, issued a public health advisory about this escalating mental health crisis in our youth. The time to engage in positive action to save our children’s lives is now. With help from community champions like you, we are responding.

- Paul Kempinski, MS, FACHE, President and CEO

Thank you for joining with us

Across the country, more children than ever, many without other medical concerns, are being admitted to pediatric hospitals in mental health crisis due to the lack of mental health services available in our communities.

In Kansas City, the trend is no different. Both Kansas and Missouri fall in the 3rd highest tier for prevalence of mental health disorders. **Children’s Mercy is caring for more children in crisis than any other time in our history.**

We believe as you do, families in our community deserve a seamless network of mental health services, and the lifesaving help they need. We must strive to reach children before they are in crisis.

With your help, we are implementing evidence-based strategies for protecting the well-being of our children. We are developing a comprehensive strategic plan to optimize care and support for families – a “One Front Door” model, while reinforcing the network of care available in our community.

Addressing this epidemic will take significant collaboration and investment. With your partnership, we are poised to take the lead, helping to grow the continuum of care in our community so we can reach more children and families.

Thank you for joining with us. With you by their side, vulnerable children and teens who are struggling with mental health conditions will have the support they need to protect their health, safety and future well-being.

During the pandemic, kids’ social isolation and increased family stress has only intensified. From April to October 2020, the proportion of mental health emergency department visits to Children’s Mercy increased significantly among kids ages 5 to 11 (24%) and ages 12 to 17 (31%) versus the same period in 2019.



MENTAL HEALTH AND CHILDREN

1 out of 5 children experience a mental health condition in a given year

50% of children ages 8-15 experiencing a mental health condition never receive treatment

Children facing **chronic medical conditions** are more likely to experience a **7x** mental health event

Your gift at work

Your gift to support mental health care and research at Children's Mercy is put to work protecting the health and safety of children at Children's Mercy and throughout our community.



IN THE HOSPITAL

Providing specialized care

Children's Mercy is home to one of the largest Divisions of Developmental and Behavioral Health in the country. In 2020, our specialists in Child and Adolescent Psychiatry, Psychology and Developmental Pediatrics provided care for **1,500-2,000 referrals per month for children from Kansas City and throughout our region experiencing depression, anxiety, and other mood disorders.**

Identifying children in crisis

In 2019, Children's Mercy implemented universal acute mental health screenings that allow for early identification and intervention of children in crisis. **Since that time, thousands of patients have been screened (9,360 in 2020) and hundreds of patients identified as at-risk (733 in 2020) have been connected with Children's Mercy Social Workers for specialized care and support.**

Supporting our caregivers

The acute mental health crisis has resulted in patients facing both mental and behavioral challenges. At Children's Mercy, a "Code Strong" is called whenever a patient becomes disruptive and cannot be de-escalated. Before the pandemic, **Children's Mercy experienced 23 Code Strong's annually. This year, the hospital will have more than 300.**

A Behavioral Health Rapid Improvement Team was formed to address the growing safety concerns of our patients and staff. Since that time, **more than 1,400 frontline and behavioral health staff have received Mandt System training.** Mandt is a de-escalation and crisis management program that prioritizes treating patients with dignity and respect. We also added soothing station carts, and **eight dedicated rooms on key units where children can safely de-escalate during an acute mental health event.**



IN THE COMMUNITY

Reaching children where they are

In the 2020-2021 school year, Children's Mercy social workers embedded in Blue Valley schools **supported nearly 1,500 students with more than 10,000 hours of crisis intervention,** emotional and behavioral support, and advocacy.

Empowering parents

The **Prepped and Ready** program aims to help parents and caregivers learn what steps they can take, including means restriction, before a crisis develops with a child or teen. Since fall 2018, Child and Adolescent Psychiatrist Dr. Shayla Sullivant has **provided education to 1,324 individuals at 22 different events and mailed 236 toolkits to caregivers** in our region. The series is now also available online to an unlimited audience.

Empowering teachers

For the past two years, Developmental and Behavioral Pediatrician Dr. Libby Milkovich has provided a monthly session in the Blue Valley School District called **Culture Change and Coffee.** The program includes evidenced-based skills that teachers can easily implement in the classroom to improve the well-being of students while also addressing the well-being of teachers.

Empowering pediatricians

Dr. Milkovich and Stand Together and Rethink Technology are partnering to develop educational materials for pediatricians to use within their medical practice as a tool to talk about technology use and its possible impact on child and adolescent mental health.



Ben's story

Twenty-year-old Ben is a living testament to the research being done at Children's Mercy. Four years ago, sitting in the school lunchroom, Ben knew something was wrong.

“I could feel my heart just pounding out of nowhere. I hadn't done any exercise.”

The high schooler used an app on his phone, and it told him his heart was beating at 120 to 130 beats per minute. A healthy athlete and active Scout, Ben's heart rate should have been around 70.

After discovering his heart rate was just as elevated when he was sleeping, Ben's mom took him to Children's Mercy. The team in the Genome Center discovered something a general blood draw wouldn't have picked up: Ben has differences in his DNA that make it difficult for him to metabolize certain medications at a normal speed, which caused his ADHD medication to build up in his body.

Once Ben's genetic variant, which is rare, was discovered, doctors were able to adjust his ADHD medication dosing, and his heart rate returned to normal. Now, he's armed with knowledge that could save his life in the future.

“I'm extremely grateful. Extremely lucky. - Ben”



Research Spotlight

Despite the growing number of U.S. children and teens needing mental health care, the research behind the most commonly-used drugs to treat mental health disorders remains alarmingly limited. This means doctors are forced to prescribe based on adult guidelines or go off-label entirely. The result can be heartbreaking—too much medication, and the medicine may be toxic; too little, and the medicine may not work at all. Either of these scenarios can put lives at risk.



Dr. Sarah Soden, Director, Division of Developmental and Behavioral Health, and the Nick Timmons Endowed Chair in Developmental and Behavioral Health, with her son, Ben, who is benefitting from precision medicine to treat ADHD, a common mental health disorder among children and adolescents.

PRISM Study: Treatment with an antidepressant (selective serotonin reuptake inhibitor - SSRI), such as Prozac, and psychotherapy are the leading evidence-based treatments used worldwide for Major Depressive Disorder (MDD) in children and adolescents. Unfortunately, several weeks of SSRI treatment are required before children feel better, and approximately 50% of patients will not show any clinical improvements even after 8-12 weeks of treatment. This means patients and their families suffer several weeks of trial and error before the right medication is identified.

Leveraging world-class expertise in precision therapeutics and genomics, researchers at the Children's Mercy Research Institute are partnering with our Divisions of Adolescent Medicine and Developmental and Behavioral Health to launch the PRISM (Prediction of Response in SSRI-managed MDD) study. **The goal - to match patients with an effective treatment as soon as possible.**

To achieve this goal, we are collaborating with researchers at the Mayo Clinic to test the performance of a machine learning/artificial intelligence-based tool developed to predict, after just a few weeks, a patient's ultimate response to SSRIs. The study will be integrated into the usual care that providers give to teens ages 12-18 seen at Children's Mercy Broadway and eventually with community healthcare providers toward a metro-wide effort.

Information gathered from this study will join that of other data sets being used in the development of clinical decision support software for use by prescribing care providers. With just four clicks of the mouse, these tools can simulate the "right" dose required to achieve the desired therapeutic target in each individual child.

As we work to build the behavioral health care continuum for children in Kansas City, advancing studies like PRISM will put accurate mental health medication dosing in the hands of physicians throughout Kansas City, the region and the world.

Thank you for partnering with us to build a world of well-being for all children. To learn more about how your giving helps kids:

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