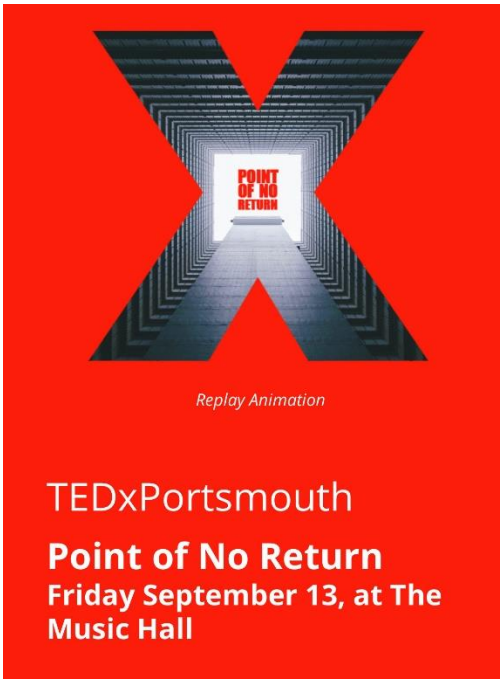

Changing Well Child Visits to Whole Child Visits: A new vision for effective childhood mental health.

By Benjamin Hillyard, M.Ed., LCMHC

With editing support from Rebecca Dawson Webb

A 12-year-old boy I'll call Sam sits in my office, giving the me the side-eye. It's his first appointment, and Sam doesn't want to be there. He's getting C's and D's at school and being reprimanded by his teachers. At home, there are 3-hour homework battles, slammed doors and frequent arguments. And he's no longer getting invitations to birthday parties. Sam is constantly getting the message that he's the problem, and his self-talk—I'm no good. Everybody hates me —has gotten very negative. Sam is angry and depressed. But he's also hanging in. He's still going to school, keeping his head above water. He's resilient but not in a positive way. And the only coping mechanism Sam is practicing is avoidance, which video games provide. Nothing like being successful at Fortnite to help Sam *feel* like he's fitting in.

Now if we could wave a magic wand and go back to when Sam was very young, what we'd likely see is a boy who was really motivated. But then Sam started to run into an invisible wall. It could be undiagnosed ADHD that stops his momentum and causes him a lot of frustration. When Sam experiences this frustration enough times, he starts to anticipate failure and develops a sense of learned helplessness – I can't. This situation leads to a host of other issues: academic failure, family arguments, depression. So by the time I see twelve-year-old Sam, I am attempting to untangle problems that have become like a tightly knotted fishing line.

Imagine giving a child a bike helmet AFTER she's gotten a concussion instead of while she's learning to ride her bike. This is the way we currently deliver mental healthcare to our children.

And nationwide surveys are not encouraging about how well that's going …. The median age for the onset of anxiety is 6 and for ADHD it's 11. Yet, only 15 to 25% of children with a mental health disorder receive treatment. And why is that?

While dedicated pediatricians follow well-established Well Child guidelines, respond to parent concerns, and check for developmental disorders at annual wellness visits, there are ZERO required mental health checks until a child is 12. And then only for depression.

Considering over half of all mental health issues occur BEFORE the age of 14. To borrow and outdated term from my industry, that's just plain crazy.

But at least we're catching depression, right? Nope. Even for those kids who have depressive disorders, only 40% receive treatment. The director of a large, local pediatric practice confirms the problem, "We routinely check developmental progress but from 30 months to 12 years we don't screen for mental health issues. We just don't have the time," she said.

The current healthcare system is failing our children, and we can do better. The solution?

I propose we turn child wellness visits into Whole Child Visits that include a mental health check with an experienced mental health professional. Mental health providers could relieve the unfair burden put on schools and pediatricians and offer more support for families.

These annual visits would allow an on-site psychotherapist to track a child's mental health in the same way a pediatrician tracks a child's physical health and development. And because these mental health checks would become a routine and accepted part of wellness, this would go a long way in alleviating the stigma of mental health issues. Plus, they would help normalize children talking about their feelings. But most importantly, children and their parents would get the treatment and support they need when they need it, so common mental health problems don't go undiagnosed or become engrained and more complex. So families wouldn't have to say, as I've heard

them say so often after years of struggle and frustration, that they wish they'd come to see me much sooner.

A pediatric office that integrated physical and mental health checks could have helped David before he started having suicidal thoughts. This sensitive, intelligent young man was pale, anxious, and depressed. David ran track and complained about being tired all the time and said that his heart raced even when he was resting. What looked like depression, anxiety, or both turned out to be a failing thyroid. After collaborating with his doctor, David's anxiety and depression disappeared. He's now excelling in school.

And consider Becca who had yelled at her teacher and had pushed several other students to the ground. Every week Becca had long tantrums and repeatedly went to the nurse for stomach aches. But Becca could also be motivated, polite, and funny. As it turned out, Becca felt panicked in large groups. The slightest hint of rejection cascaded her into fight or flight response. Becca was practicing the only coping mechanism she had and asking for help the only way she knew how. Imagine if Becca had been able to share her feelings of anxiety earlier and if we'd been able to teach her age-appropriate techniques to better manage her stress.

Let's enable therapists to get ahead of problems instead of being left to react to them. Enable them to help families identify early signs of concern, even before a crisis makes a problem diagnosable by looking at a child's response to ordinary situations at home.

Therapists, for example, could help families spot their child's emotional and behavioral tells. A tantrum, for instance, is a child's language of distress but can easily be dismissed as normal. A therapist could help parents and children decode this language by asking them to describe their child's behavior 1 minute, 15 minutes, 60 minutes before a meltdown. Instead of focusing on the tantrum, they could get at its cause--possibly, hunger, lack of sleep, or overstimulation.

Or a therapist could ask what happens when their child is sent to get ready for bed on her own. If she's reluctant to go up alone, it could be an indicator of anxiety. Or if she goes up alone but then doesn't get ready for bed, it might indicate she needs help

with Executive Function skills—those cognitive abilities that allow us to have control over our behavior.

An integrated Whole Child Visit would allow psychotherapists not only to identify potential problem but also help address them. They could work collaboratively with pediatricians and parents to be a resource, offering advice and strategies, making referrals, prioritizing treatment options, and checking back in about the effectiveness of the suggested strategies.

This is particularly important now. We are in the middle of an epidemic of anxiety. Our children are living in a world of constant “on” and their brains and bodies get fatigued. They fall into patterns of anticipating failure, reacting to minor signs of distress with a flight or fight response. What is far worse, they don’t know how to practice responding to problems by pushing forward and problem solving.

Let’s return to Sam. If Sam had gotten Whole Child Visits, a psychotherapist might have asked his parents to describe what it was like for him to learn to ride a bike. Learning to ride a bike takes courage, determination and multi-tasking. There are almost always falls. A question like this could reveal Sam’s difficulty with what’s called “frustration tolerance.”

The therapist could then offer Sam tools for better success, helping him slow down, step back and try out other possibilities when he’s frustrated. This would help change Sam’s self-talk from, “It’s impossible” and “I can’t” to a new, more positive story. Faced with his next challenge, Sam could build on his previous success and develop more positive resilience.

Identified early enough, barriers that children face can offer wonderful opportunities for them to develop useful life tools, like emotional intelligence, flexibility, frustration tolerance, safe risk taking, delayed gratification, and the ability to learn from their mistakes. Whole Child Visits could support children in this practice and better prepare them for the stressors in their lives, especially as in today’s fast-paced online world, kids are exposed to cyberbullying, pornography, and sexting that they are not developmentally ready for and have limited time to process.

Giving our kids the right tools at the right time can avoid more serious, complicated problems from developing, change their narrative from negative to positive, and build their resilience. But the timing matters.

Whole Child Visits that integrate medical, emotional, and educational support would facilitate early and effective mental health care for our children and provide the greatest long-term benefit.

Let’s give our children that helmet as they learn to ride not after the concussion.

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