

Taking a Preventive Approach to Adolescent Depression



(Left to right) The Swensrud team: Melissa McCarter, LCSW; Delvina Miremadi; Nadja Reilly, Ph.D.; Elizabeth Nyante, LCSW

In the U.S., more than 800,000 teenagers suffer from depression every year. Sixty to eighty percent of these adolescents do not receive the diagnosis or treatment they need, which can lead to larger problems such as high absenteeism and school drop-out rates, troubled relationships, and suicide.

Facts such as these illustrate how serious the problem of adolescent depression is becoming in our communities. To address this issue, the Children's Hospital Neighborhood Partnerships (CHNP) program and the Department of Psychiatry established the Swensrud Depression Prevention Initiative (SDPI) in May 2005. SDPI, created five years ago by Robert and Nancy Anthony

through a donation from their family foundation, is dedicated to promoting awareness and early identification of adolescent depression. So far, SDPI's services have impacted communities across the state of Massachusetts and reached more than 2,800 people. SDPI's goal sums up the program best: "Don't wait until a problem, accident, or tragedy occurs to think about these issues."

Nadja N. Reilly, Ph.D., director of SDPI, has worked hard to spread the word about adolescent depression and the ways in which everyone—teachers, nurses, school counselors, parents, and even peers—can help adolescents identify depression and take steps toward treatment and prevention. As part of community-wide efforts to address depression, SDPI offers workshops to parents, community leaders, and students. Training seminars for school staff, as part of SDPI's "Preventing Depression: A Toolkit for Schools" curriculum, educate mental health providers on implementing comprehensive depression prevention initiatives in their schools and communities.

"The beauty of this kind of curriculum is that it gives everyone a structure for talking about difficult subjects. It brings the important conversations about adolescent depression and mental health into the classroom and explains how to really talk about these issues in an effective way," says **Caroline L. Watts, Ed.D.**, director of CHNP, which provides prevention and intervention services to children and at-risk youth in Boston neighborhoods and schools.

Currently, Reilly and SDPI staff are developing a documentary film on adolescent depression for use in classrooms and as part of a national awareness campaign which SDPI hopes to initiate in the future. The documentary will differ from other films by featuring adolescents rather than clinicians. "Normally, these documentaries feature experts talking about the symptoms of adolescent depression. With our film, we hope to show people what adolescent depression actually looks and feels like by speaking with kids who have experienced depression first-hand," says Reilly. The film will reach out to adolescents

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Children's Ahead of the Curve in Compliance with Behavioral Health Screening Mandate

"About 15 percent of children have developmental, behavioral, or emotional needs, and most of these issues are not picked up until a child goes to school," says **Alison Schonwald, MD**, medical director of Developmental and Behavioral Outreach at Children's Hospital Boston.


"In our studies, we have found that the use of screening tools early on increases the number of children with problems that we can identify. This leads to earlier interventions, which can improve outcomes for these children."

For the past two years, Schonwald and colleagues at the Children's Hospital Primary Care Center (CHPCC) have been using a validated screening tool called PEDS (Parents' Evaluation of Developmental Status) to identify developmental, behavioral, and emotional problems in young children (six months to nine years) seen in the CHPCC. Clinicians at the Martha Eliot and Joseph M. Smith community health centers also use this tool. In all these sites, use of this tool predates a new state mandate effective December 31, 2007, that requires all clinicians serving MassHealth subscribers to use a standard mental health assessment tool to screen for related issues (see sidebar).

"As a result of our experience with this tool, many Children's primary care clinicians already are familiar with screening tool concepts and practicalities and are ahead of the curve in terms of compliance with the new mandate," says Schonwald.

Children's also has contributed to the array of approved, validated tools for adolescents and teenagers through a screening checklist developed by **John Knight, MD**, director of the hospital's Center for Adolescent Substance Abuse Research. Called CRAFFT, it contains six key questions that screen for drug and alcohol problems. "This simple test can be easily added to any office visit as part of a patient's routine physical," says Knight.

Schonwald has traveled the state to share information about how to make screening tools work most effectively in primary care practices and community health center settings.

 **The Office of Health and Human Services can also provide assistance on using the tools. For more information, visit mass.gov/masshealth/childbehavioralhealth.**

'Rosie D.' Makes the Case for Reform

The new state mandate for behavioral health screening is the result of a 2001 class action lawsuit (*Rosie D. vs. Romney*) filed by eight children ages 5 to 16 on behalf of more than 15,000 Massachusetts children with serious psychiatric or emotional problems. The named plaintiffs had been hospitalized or were at risk of hospitalization because of a lack of intensive home-based mental health services.

As a result of the lawsuit, the Commonwealth is required by June 2009 to provide intensive home-based mental health services that will enable children with severe psychiatric disabilities to receive treatment and support in their homes and communities. As part of the ramp-up to full implementation, starting December 31, 2007, MassHealth must train providers and educate the public about the standardized screening program in primary care settings, and providers must offer the voluntary behavioral screening tools to all their MassHealth patients and parents.



Mental Health Campaign Recognized

Vic DeGravio, president and chief executive officer of the Mental Health and Substance Abuse Corporation of Massachusetts (MHSACM) and Andy Pollock, executive director of the Cutchins Programs for Children and Families, Inc. congratulate the recipients of the Carl B. Cutchins Award from MHSACM. Marylou Sudders, president of MSPCC; Lisa Lambert, executive director of Parent/Professional Advocacy League; John McDonough, executive director of Health Care for All; and David R. DeMaso, MD, Children's chief of Psychiatry, were recognized for their work with the Children's Mental Health Campaign, a broad coalition of organizations from Massachusetts committed to improving mental health services for children. (Left to right: DeGravio, Pollock, Sudders, Lambert, McDonough, DeMaso.)

Adolescent Depression

affected in every possible way by depression, whether they are suffering from it themselves or coping with friends who are suffering.

“The problems associated with depression—whether it’s missed school or work days, loss of relationships, or suicide—can be devastating to entire communities. Reaching children early really makes a difference in their lives and in the lives of their parents, families, and friends,” explains **David R. DeMaso, M.D.**, Children’s chief of Psychiatry.

“I like that for once an adult admitted that teens can be depressed and that everyone, no matter what age has lows.”

— 7th grader involved in the SDPI curriculum

Ultimately, SDPI strives to bring adolescent depression out into the open, heightening awareness of the issue so that successful identification and prevention can follow. The SDPI team hopes to encourage adolescents to open up a dialogue with one another and seek help when needed. Most importantly, they hope to demonstrate the importance of thinking about depression before it becomes a problem, a responsibility that everyone in the community must take on in order to truly change our approach to mental health.

For more information, contact **Nadja N. Reilly, Ph.D.**, director of SDPI, at 617-919-3203.

Lobby Day

Children’s Hospital Boston is a lead organization in the Children’s Mental Health Campaign, which held its State House Advocacy Day on October 11. Legislators, mental health advocates, community organizations, and health care providers joined families at a rally for mental health reform and later visited every legislative office to make their voices heard. To learn how you can become involved, visit childrenshospital.org/mentalhealthcampaign.

New Center for Behavioral Science Seeks Integration of Behavioral Health Research

Knowledge for children and families. This is the mission of the Center for Behavioral Studies (CBS), a research institute established in 2007 within Children’s Hospital Boston’s Department of Psychiatry. CBS’s goal is to generate knowledge that will impact the emotional, behavioral, social, and intellectual health of children and their families. “We want to provide a solid framework, now and for the future, to ensure that any research we undertake has the potential to influence and impact the real world of children and their families,” says **Glen Saxe, MD**, director of CBS.

CBS’s research efforts are divided into three types, each of which promotes the integration of knowledge about children and families: translational research; interventions and services research; and public health and policy research.



The key word here is integration. What is learned from basic science helps create an understanding of the nature of mental health problems in children [translational research]. What is learned from translational research helps in the devel-

opment and evaluation of interventions [interventional research]. If the interventions work, they can be expanded to broadly benefit more children and families [public health and policy research].

Saxe illustrated this with an example: “We currently are conducting a translational research project that studies the transmission of trauma from generation to generation. This study looks at urban mothers and babies and how they regulate each other’s emotions. Knowledge from this research is applied through various treatment models. One such model is called ‘trauma systems therapy,’ which is designed to help children regulate their emotions. Finally, knowledge about the effectiveness of this treatment model is brought to policymakers through our public policy research program.”

In its first year of operation, CBS has received its first large federal government grant, one that will focus on another category of traumatized children—child refugees. In the next two years, CBS expects to expand its funding, published research, and national presence and “continue to generate useful and valuable knowledge to inform mental health care and further research that will in turn benefit children and families,” says Saxe.

For more information, contact **Cathy Borgeson**, CBS administrative coordinator, at 617-919-4676.



Jean Wilkinson, Ph.D. **Director of Human Services at Martha Eliot Health Center**

It didn't take long for Jean Wilkinson, Ph.D. to fit right in as the new director of Human Services at Children's Hospital Boston's Martha Eliot Health Center (MEHC) in Jamaica Plain. The role marks his return to Massachusetts after spending seven years in New Jersey improving services and systems as the director of Quality Improvement at the Department of Families and Children and also as the director of a residential treatment program.

With over two decades of experience managing and providing comprehensive mental health services for children, adults, and families, Wilkinson had exactly the right mix of experience for this key management role at MEHC. "We are fortunate to have Jean onboard at MEHC. His leadership has already made a tremendous impact at the health center," explains James Cote, executive director of MEHC. "Human Services provides critically needed mental health services for our patients. Jean is extremely positive and brings the perfect blend of enthusiasm, expertise and dedication to improve care and deliver outstanding mental health services."

Wilkinson joined the MEHC team last October to oversee Human Services, which includes psychiatry, social work, case management, and HIV services, as well as substance abuse and domestic violence programs. Counseling services are provided for children and adults dealing with depression, anxiety, behavioral or learning problems, and post-traumatic stress disorder. The department also offers case management to help directly link patients to services like welfare, Medicaid and housing.

"Right now, my focus is on providing excellent services for our patients," says Wilkinson, "We want to provide exceptional care. We're always trying to find better ways to provide services and make care more accessible."

In addition to his clinical oversight, Wilkinson also brings expertise and leadership working with community partners such as MEHC's neighbors, Bromley Heath and Academy Homes housing developments. He is also lending support to the Children's Mental Health Campaign to reform the state's mental health system and the Boston Public Health Commission's Child and Adolescent Mental Health Coalition, which aims to reduce the stigma of mental health.

"I feel very welcomed and a part of the leadership team at Martha Eliot. It's a great staff with creative ideas and a positive attitude. I'm looking forward to working together with them on how we can make a long-term difference for the many families seeking care at MEHC," adds Wilkinson.



For more information on Martha Eliot Health Center, visit childrenshospital.org.

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