



Youth Mental Health: Trends, State-Level Strategies & the Role of Digital Technology

April 23, 2026

2 – 3 pm ET

WEBINAR TRANSCRIPT

00:00:06.689 → 00:00:07.929

Cait Ellis (NIHCM): Good afternoon.

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Cait Ellis (NIHCM): I'm Cait Ellis, Vice President at the National Institute for Health Care Management Foundation.

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Cait Ellis (NIHCM): NIHCM is a non-profit, nonpartisan organization dedicated to improving healthcare through evidence and collaboration. On behalf of NIHCM, I would like to thank our audience and panelists for joining us today for this important discussion around youth mental health.

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Cait Ellis (NIHCM): Youth mental health disorders have been on the rise in recent years, with many children and adolescents experiencing a mental, emotional, developmental, or behavioral health condition. There has also been growing attention on the potential impacts of social media, artificial intelligence, and other digital technologies on youth mental health.

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Cait Ellis (NIHCM): Today, we will hear from a panel of leading experts on youth mental health trends.

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Cait Ellis (NIHCM): Efforts to support young people's well-being, the impact of digital technology, and strategies for navigating technology to promote healthy development.

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Cait Ellis (NIHCM): Presenter slides, bios, and today's webinar agenda are available on NIHCM's website for anyone interested. These materials have also been posted to the Zoom webinar console, and the webinar will be recorded and shared in the coming weeks.

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Cait Ellis (NIHCM): Before we dive into the presentations, I would like to thank the NIHCM team for their work on today's event.

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Cait Ellis (NIHCM): I am now pleased to introduce our first speaker, Tami Benton.

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Cait Ellis (NIHCM): Dr. Benton is a leading expert in the field of children's mental health, holding numerous academic and leadership roles, including serving as the Frederick H. Allen Chair in Child Psychiatry, and the psychiatrist-in-Chief and Chair of the Department of Child and Adolescent Psychiatry at the Children's Hospital of Philadelphia. She is also a professor of psychiatry and pediatrics at the University of Pennsylvania, and is the immediate past

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Cait Ellis (NIHCM): president of the American Academy of Child and Adolescent Psychiatry.

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Cait Ellis (NIHCM): We are grateful that she was able to join us today to set the stage for our discussion on youth mental health. Dr. Benton?

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Cait Ellis (NIHCM): Oh, you're on mute.

00:02:06.490 → 00:02:24.699

Tami D Benton, MD: Okay, you'd think after all this time, we'd have worked that out. And so, I'm really thrilled to be here with all of you today, and I'm really looking forward to this important discussion. Today, I just hope to provide you with some background of what we're facing as it relates to children's mental health, nationally and internationally.

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Tami D Benton, MD: Next slide.

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Tami D Benton, MD: So, I just... I do want to emphasize for you all that the current challenges that we're facing in children's mental health is a global phenomenon. It's not... It's not limited to the United States, but I want to give you a little bit of perspective on the scope of the challenges that we're facing. So, current estimates are that there are about 73 million children under 18 in the U.S.

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Tami D Benton, MD: And close to 8 million of those children have some treatable mental illness. But we know that the majority of them are receiving no care. And if, in fact, a young person has been identified as having a mental health condition, there's a 10 to 11 year gap between the time they are symptomatic and the time that they actually initiate any treatment for those conditions.

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Tami D Benton, MD: We also know that about 22% of youth between 13 and 18 are experiencing symptoms with severe impairment. And that's important, because if they're experiencing impairment, it means they're not functioning well at home, at school, in their communities, in their peer relationships. And we know that about 11% of 8- to 11-year-olds are experiencing impairment.

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Tami D Benton, MD: This is vitally important because we understand that the nervous systems and the mental systems for young people are continuing to develop.

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Tami D Benton, MD: And the earlier we intervene, the better our outcomes. Next slide.

00:03:53.190 → 00:04:09.540

Tami D Benton, MD: We also know that the mental health conditions that most of us are familiar with, most of them begin in childhood and adolescence. And if you talk to adults who struggle with psychotic disorders or mood disorders, they'll tell you they were symptomatic during childhood.

00:04:09.540 → 00:04:18.570

Tami D Benton, MD: The neurodevelopmental disabilities are the ones that are most evident for us, autism and ADHD, and we typically identify those early.

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Tami D Benton, MD: Although we still struggle to meet the needs of all those kids, the anxiety disorders, we also start to see in early childhood. And then the mood disorders, we really start to see a significant increase in the rates of depression.

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Tami D Benton, MD: For adolescents, which we're now starting to see as early as 10 years of age. And then for schizophrenia and substance use disorders, we typically see those manifestations later, but

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Tami D Benton, MD: Starting late just prevents us from having opportunities for early intervention and prevention. Next slide.

00:04:53.280 → 00:05:10.560

Tami D Benton, MD: And the other issue that we're facing is, even when families might know that their youngsters are struggling, there's still a long time before they can actually access care and many barriers. A recent survey by the National Children's Health Survey suggests that, up through 2022,

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Tami D Benton, MD: That about 20% of all kids that they surveyed reported that they were receiving some care.

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Tami D Benton, MD: But about half of that group reported that they had a very difficult time accessing care, and that about 20% reported that they actually had mental health needs that were not being addressed.

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Tami D Benton, MD: What was more concerning about the study is that 40-50% of the youngsters who met criteria for a diagnosis of major depressive disorder reported they'd had no care at all within the last year prior to the survey.

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Tami D Benton, MD: And then, for young children, and again, as I emphasize, neuroplasticity allows opportunities for change, and that's very true for kids 2 to 8. About 72% of families seeking services

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Tami D Benton, MD: Reported they weren't able to get them because they couldn't get an appointment, or they lived in an area where those services were not available.

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Tami D Benton, MD: And so, we know that the best thing we can do is early identification for these health conditions, because they impact long-term outcomes. And not only that, they impact long-term outcomes across the lifespan. So.

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Tami D Benton, MD: Impairments when you're developing all the skills you'll need to be a successful

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Tami D Benton, MD: adolescent and adult without intervention is harmful across the lifespan. Next slide, please.

00:06:34.600 → 00:06:46.030

Tami D Benton, MD: I want to mention suicide, in part because it remains the second leading cause of death for adolescents. I share this slide with you all, because I think the graphics, the visuals are laid out very nicely.

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Tami D Benton, MD: But it actually... it actually highlights the changes in suicide attempts, and this is suicide attempts only.

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Tami D Benton, MD: from 2013 to 2023. And in this particular slide, you'll notice that it's broken out by racial and ethnic group, and the reason that is, is that we've identified significant disparities in attention to care for these groups. And so the CDC... the CDC actually provides this data, at least through 2023, reflecting those differences. What you'll observe is fluctuations in the rates

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Tami D Benton, MD: but not significant change over time. You'll also notice that for some groups, there were spikes in their suicide attempts, like for black youth back in 20... between 2019 and 2021. And then you'll notice that for some groups, there's a slight improvement, but still, the rates of suicide attempts and completed suicide among young people are still significant, and we have a lot of work to do in those areas.

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Tami D Benton, MD: Next slide.

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Tami D Benton, MD: I also want to highlight other disparities, and we know that girls have been having specifically difficult times, as reported in our data through 2021 and 2023. So you'll notice, you've all heard all the statistics about girls reporting more sadness.

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Tami D Benton, MD: But girls were also experiencing more interpersonal violence, sexual violence, and suicides across significant time periods. So, for example, we know that Native American and Alaska Native girls were much more likely than any other group of girls to experience forced sex.

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Tami D Benton, MD: We know that there was a 60% increase in suicide attempts for girls between 2011 and 2021, and a 182% increase for black girls between 2001 and 2017.

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Tami D Benton, MD: We also know that these groups are much less likely to receive care in any healthcare setting, whether it's general medical or mental health, more likely to experience trauma, more likely to be insured by Medicaid or uninsured, and more likely to present in emergency departments for their care, and to not receive follow-up care at discharge.

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Tami D Benton, MD: Next slide.

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Tami D Benton, MD: So what are the... so why is this happening, and why are kids not getting the services that they need? Well, we... You know, we do know that social determinants of health definitely impact capacity, but there are other issues.

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Tami D Benton, MD: There are workforce shortages. So, for example, we know that about 70% of counties in the United States have no child psychiatrists and no access.

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Tami D Benton, MD: And it's not just child psychiatrists. There's shortages of social workers, there's shortages of developmental behavioral pediatricians.

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Tami D Benton, MD: There's a shortage of psychologists to provide direct care.

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Tami D Benton, MD: We know that many of the health plans do not enforce parity, so some health plans have no mental health insurance, and some have limited mental health insurance. The wait times are a major barrier, and they vary by region. And then, there's also stigma, and as I was hopeful that stigma was declining over the last couple of years, but the stigma's still pretty strong. There are privacy concerns by adolescents.

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Tami D Benton, MD: And there is also a perception by adolescents that they should be able to take care of their own problems.

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Tami D Benton, MD: We know about disparities. We know that minority youth populations are much less likely to receive treatment of any sort, and then geography is a real issue, limiting telehealth or specialist treatment frequently, and then there are income disparities that impact how people can access care.

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Tami D Benton, MD: Next slide.

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Tami D Benton, MD: So, all of these things that we're discussing now really reached a crisis level around the time of the pandemic, and many of you may recall that we decided at that time that the three largest organizations caring for kids, ACAP,

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Tami D Benton, MD: the American Academy of Child and Adolescent Psychiatry, American Academy of Pediatrics, and the Children's Hospital Association.

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Tami D Benton, MD: decided to declare an emergency at Children's mental health for the purpose of calling national attention to a problem that had been brewing for quite some time, and really reached a fever pitch around the period of the pandemic. And at that time.

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Tami D Benton, MD: A lot... a lot came out of that declaration. And mind you, it wasn't just those 3 organizations that really drove change, but over 7,000 physicians and over 70 to... over 100 organizations actually joined this call to action around children's mental health.

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Tami D Benton, MD: And so I want to tell you a little bit about what's happened since then.

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Tami D Benton, MD: Next slide.

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Tami D Benton, MD: So, we focused on... we developed a series of behavioral health principles that were focused on prevention and early intervention, because we know what the factors are that derail normal social and emotional development.

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Tami D Benton, MD: And I'm not going to go through the whole list, but I'm only going to highlight a few things. You know, we understand the role of exposure to adversity, stigma and exclusion, community violence, loss of caregivers, which occur pretty often during the pandemic.

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Tami D Benton, MD: gender... gender-based inequities, discrimination, and then there's been a lot of talk about media influences. And, you know, there's the upsides and the downsides of media influences.

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Tami D Benton, MD: One thing that I do want to highlight as we think about social determinants, from my perspective, one of the most visible indicators of disparities for adolescents that impact social-emotional development is

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Tami D Benton, MD: homelessness and being unhoused. And so, for the... every couple of years, the CDC has collected data around homeless adolescents, and as you'll see in this diagram, on the right.

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Tami D Benton, MD: We're seeing an increase of young people, particularly among certain groups, who are facing homelessness, which, as you know.

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Tami D Benton, MD: disposes children and adolescents to fairly significant physical health and mental health risks. Next slide, please.

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Tami D Benton, MD: So, the good news is, we actually have the tools to address and correct this, because we have evidence-based strategies that work. We know that prevention in primary care, in schools, and other community settings are effective.

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Tami D Benton, MD: We know that we have parenting interventions that can prevent the onset of many mental health conditions, and actually prevent relapse of mental health conditions that are already... have already developed.

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Tami D Benton, MD: We also have hundreds of psychotherapies that are available to support remission, and they're available for most mental health conditions that affect children. And then we have pharmacotherapies. Not as many as we do for adults.

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Tami D Benton, MD: And not as many effective medications as we do for adults, but we have many medications that can improve mental health outcomes, so we actually have solutions.

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Tami D Benton, MD: Next slide, please.

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Tami D Benton, MD: So, what are our opportunities? Well, there are many opportunities for creative approaches for expanded access to care. And, you know, we're going to talk about some of those today with our other presenters.

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Tami D Benton, MD: Digital health offers opportunities. It offers opportunities for greater partnerships with children and families.

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Tami D Benton, MD: It offers opportunities for greater education about emotional health. It offers many opportunities for young people to be able to manage their own mental health.

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Tami D Benton, MD: We have opportunities for more efficient first response systems in mental health care, and I think the 988 line has been a beautiful example of how that can work for us.

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Tami D Benton, MD: But digital opportunities also provide opportunities for us to be able to, address, address shortages in the workforce by being able to train more people

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Tami D Benton, MD: Whether they're professional or whether they're not medical specialists, to support our goals to provide more care for youth who are experiencing mental health challenges.

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Tami D Benton, MD: And I think that might be my last slide.

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Tami D Benton, MD: Is there another slide?

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Stryker Vosteen: Nope, that is the last one, thank you.

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Tami D Benton, MD: Thank you, and I'll stop on that note and hand it off to my colleagues.

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Cait Ellis (NIHCM): Great, thank you so much, Dr. Benton, for providing that thoughtful overview of the current state of child and youth mental health, as well as the barriers to accessing care and some of those creative solutions that can be implemented to expand access. Next, we'll hear from Brian Brooks.

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Cait Ellis (NIHCM): Mr. Brooks is Vice President of Behavioral Health at Blue Cross North Carolina, where he leads efforts to strengthen behavioral health services and improve member outcomes. He brings more than 20 years of experience across behavioral health and managed care, and began his career as a licensed professional

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Cait Ellis (NIHCM): counselor and holds a master's degree in community mental health counseling. Brian will share how they are addressing mental health in North Carolina. Brian?

00:15:50.780 → 00:15:52.809

Brian Brooks: Thank you, Caitlin. Thanks for the introduction.

00:15:53.230 → 00:15:56.780

Brian Brooks: And thank you for allowing me to join this important conversation.

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Brian Brooks: mental health. Today, I'm going to present on Turning the Tide.

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Brian Brooks: how Blue Cross Blue Shield of North Carolina is working to address youth mental health in North Carolina.

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Brian Brooks: With so many healthcare leaders here today, we have a real opportunity to align on solutions.

00:16:14.190 → 00:16:20.859

Brian Brooks: That can make a meaningful difference. Let's share an overview of the youth mental health landscape in North Carolina.

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Brian Brooks: what we learned through Youth Mental Health First Aid, and how we're working to drive impact.

00:16:27.270 → 00:16:33.350

Brian Brooks: Next slide, please. So 1 in 5 teens have a mental health condition.

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Brian Brooks: I think Dr. Benton addressed a lot of these, statistics, but suicide is the second leading cause of age 10 to 24.

00:16:41.570 → 00:16:54.489

Brian Brooks: And, if you've been in this business for a while, you know that that's changed in the last few years. It used to be 15 to 24, and now it's, in the last 4 or 5 years, it's moved up to 10 to 24, so...

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Brian Brooks: We still have a lot of work to do. And then 43% of North Carolina teens feel personally, persistently sad or hopeless.

00:17:04.310 → 00:17:08.590

Brian Brooks: And then, in North Carolina, we have 61 counties of 100.

00:17:08.890 → 00:17:11.950

Brian Brooks: That lacked child adolescent psychiatrists.

00:17:13.130 → 00:17:14.369

Brian Brooks: Next slide.

00:17:16.190 → 00:17:18.590

Brian Brooks: So today, I'm going to,

00:17:18.849 → 00:17:27.040

Brian Brooks: talk to you about youth mental health, and really look at the four clear lanes that we've worked on at Blue Cross Blue Shield North Carolina.

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Brian Brooks: First is preventing and training, so really working to equip people around youth to recognize and respond to warning signs. The second is an easier path to care.

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Brian Brooks: Moving barriers and building infrastructure so youth can access help when they need it.

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Brian Brooks: The third is a stronger community support, meeting youth where they are.

00:17:50.890 → 00:17:53.300

Brian Brooks: Working with trusted partnerships.

00:17:53.660 → 00:17:55.779

Brian Brooks: And the last is our foundation.

00:17:55.890 → 00:18:00.680

Brian Brooks: Investing directly in evidence-based programs across North Carolina.

00:18:01.790 → 00:18:03.300

Brian Brooks: Next slide, please.

00:18:04.490 → 00:18:09.139

Brian Brooks: So on this slide, really going to talk about our behavioral health teams and what we're doing.

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Brian Brooks: From a behavioral health standpoint, Our teams continue along with our network.

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Brian Brooks: To really integrate into behavioral health.

00:18:18.970 → 00:18:22.789

Brian Brooks: Ensuring that we have behavioral health integration at the practice level.

00:18:23.130 → 00:18:34.549

Brian Brooks: We're ensuring we have scalable solutions that align with measurable outcomes. For us, it's really working with providers to ensure they're measuring the treatment that's happening in our community.

00:18:34.820 → 00:18:35.960

Brian Brooks: with our youth.

00:18:36.400 → 00:18:45.750

Brian Brooks: We're also, we have a care navigation team. Over the last year and a half, that care navigation team has assisted over 16,000 members.

00:18:45.980 → 00:18:52.070

Brian Brooks: In assessing needs, and actually finding appointments in the community.

00:18:52.270 → 00:18:57.730

Brian Brooks: Everything from social determinants of health to helping schedule appointments.

00:18:58.080 → 00:19:03.750

Brian Brooks: We want to ensure where my members are receiving the right care at the right time, in the right place.

00:19:04.230 → 00:19:08.349

Brian Brooks: We're also building networks that use evidence-based practices.

00:19:08.810 → 00:19:15.410

Brian Brooks: We're focusing on... focusing on networks that look at eating disorders, as well as anxiety, depression.

00:19:15.660 → 00:19:18.550

Brian Brooks: Early prevention and treatment.

00:19:19.020 → 00:19:34.679

Brian Brooks: We're building in-person. I think Dr. Benton mentioned hybrids. We're looking at hybrids. Does somebody have a virtual capability of books and mortar? Are they adding digital solutions and digital support to their practices, and how might they do that?

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Brian Brooks: We're also looking at value-based care.

00:19:38.120 → 00:19:40.720

Brian Brooks: I think value-based care for behavioral health.

00:19:41.010 → 00:19:49.950

Brian Brooks: It lags behind a little bit, but we are working to ensure we have value-based providers and trained to support those providers.

00:19:51.210 → 00:19:55.740

Brian Brooks: Working with the vendors to identify evidence-based practice training.

00:19:55.930 → 00:20:00.130

Brian Brooks: on CBT and other trauma-informed types of CBT.

00:20:00.490 → 00:20:03.940

Brian Brooks: We're also working on alternative payment models.

00:20:04.660 → 00:20:07.090

Brian Brooks: And then also looking at how the...

00:20:07.700 → 00:20:10.620

Brian Brooks: They performed, and what outcomes they achieved.

00:20:10.880 → 00:20:12.720

Brian Brooks: In those data-based practices.

00:20:13.830 → 00:20:16.300

Brian Brooks: We're also building a digital front door.

00:20:17.010 → 00:20:22.580

Brian Brooks: We're looking at standard screening instruments, ensuring a single access point.

00:20:22.710 → 00:20:24.569

Brian Brooks: For self-directed care.

00:20:25.040 → 00:20:29.180

Brian Brooks: We're building this digital front door so the screening instrument helps

00:20:29.380 → 00:20:33.300

Brian Brooks: Our members and youth navigate to the right care at the right time.

00:20:33.960 → 00:20:35.550

Brian Brooks: Those instruments are.

00:20:36.360 → 00:20:40.090

Brian Brooks: ability for our Care NAP to use those as well, to help.

00:20:40.250 → 00:20:43.240

Brian Brooks: On an individual screen and find what they need.

00:20:44.010 → 00:20:49.369

Brian Brooks: And then last, our care models. We are looking at expanding our care models.
We're working with

00:20:49.640 → 00:20:59.989

Brian Brooks: within the state of North Carolina to build crisis supports, mobile... contracting with mobile assessors, and other specialty providers that can help with crisis solutions.

00:21:00.960 → 00:21:02.470

Brian Brooks: Next slide, please.

00:21:03.280 → 00:21:10.200

Cait Ellis (NIHCM): Hi, Brian, it's Cait at NIHCM. Some of our audience is having trouble hearing you. Are you able to speak up just a little bit more?

00:21:10.200 → 00:21:11.120

Brian Brooks: Sure.

00:21:11.120 → 00:21:11.560

Cait Ellis (NIHCM): Thank you.

00:21:11.560 → 00:21:12.650

Brian Brooks: Is that a little better?

00:21:13.020 → 00:21:13.690

Cait Ellis (NIHCM): Yes, that's online.

00:21:13.690 → 00:21:15.370

Brian Brooks: Sorry about that, Caitlin. Yeah.

00:21:15.570 → 00:21:22.060

Brian Brooks: So this is really, moving on to our youth mental health first aid training. It's...

00:21:22.660 → 00:21:27.790

Brian Brooks: One of the things that we provide, from part of our funding is,

00:21:28.150 → 00:21:30.129

Brian Brooks: The youth mental health, and so...

00:21:30.400 → 00:21:35.729

Brian Brooks: This is some of the feedback from that training that we provided. It's been a powerful tool.

00:21:35.870 → 00:21:40.149

Brian Brooks: One of the participants told us that the training helped her as a mom

00:21:40.360 → 00:21:43.419

Brian Brooks: And a community member, and be a people leader.

00:21:43.580 → 00:21:48.219

Brian Brooks: The other said the instructions were very credible.

00:21:48.590 → 00:21:51.749

Brian Brooks: I'll feel more prepared and help someone in crisis.

00:21:52.040 → 00:21:54.409

Brian Brooks: These stories remind us that important

00:21:54.930 → 00:22:00.300

Brian Brooks: deeply personal. It's about giving everyday people the tools to act when it matters.

00:22:01.000 → 00:22:06.460

Brian Brooks: Let me share the broader results of our first... Mental Health First Aid.

00:22:07.380 → 00:22:12.380

Brian Brooks: So, Youth Mental Health First Aid teaches participants how to identify and understand.

00:22:12.550 → 00:22:16.760

Brian Brooks: And respond to signs of mental health and substance use challenges in youth.

00:22:16.920 → 00:22:18.760

Brian Brooks: Ages 12 to 18.

00:22:18.990 → 00:22:23.300

Brian Brooks: The training is available to North Carolinians, not just our members.

00:22:23.650 → 00:22:25.320

Brian Brooks: In 2025,

00:22:25.490 → 00:22:35.709

Brian Brooks: We set bold goals for ourselves. We trained 3,700 community members and certified 10% of the workforce, over 500 employees.

00:22:36.250 → 00:22:38.069

Brian Brooks: and youth mental health first aid.

00:22:39.690 → 00:22:43.499

Brian Brooks: We also reached 100 counties. We've trained 15

00:22:44.030 → 00:22:47.280

Brian Brooks: Employee facilitators who train others in the state.

00:22:48.930 → 00:23:00.960

Brian Brooks: We've added team-based training to accelerate workforce certified at scale, and we partnered with HR and the Youth Mental Health First Aid Client Success to streamline

00:23:01.580 → 00:23:03.420

Brian Brooks: And strengthen our governance.

00:23:03.690 → 00:23:07.980

Brian Brooks: Use real-time feedback to continuously improve delivery.

00:23:09.080 → 00:23:10.530

Brian Brooks: Next slide, please.

00:23:12.380 → 00:23:21.130

Brian Brooks: Beyond training adults, we focus on meeting people where they are. We focus on schools, sporting events, and peer communities.

00:23:21.320 → 00:23:26.650

Brian Brooks: Through sports, partnership, we integrate mental health into trusted spaces.

00:23:26.780 → 00:23:32.680

Brian Brooks: We've worked with the Carolina Panthers. We launched the FIL100, a social-emotional learning program.

00:23:32.940 → 00:23:36.450

Brian Brooks: for K through 3rd grade students.

00:23:37.120 → 00:23:46.880

Brian Brooks: We partner with the Hurricanes and NC Courage. We train youth coaches in mental health first aid, helping normalize mental health conversation.

00:23:47.350 → 00:23:49.270

Brian Brooks: Or you feel safe.

00:23:49.430 → 00:23:54.720

Brian Brooks: We also empower teens to improve one another through our teen mental health first aid pilot.

00:23:54.890 → 00:23:59.200

Brian Brooks: Training 234 high school students in Team.

00:23:59.970 → 00:24:01.629

Brian Brooks: Mental health first aid.

00:24:02.150 → 00:24:15.110

Brian Brooks: One participant recognized a student in crisis after training and demonstrated an impact in early intervention for training youth mental health. This program is now expanding statewide.

00:24:16.330 → 00:24:17.540

Brian Brooks: Next slide.

00:24:19.710 → 00:24:29.559

Brian Brooks: Our foundation funded evidence-based mental health work in local communities, and in 2025, developed more than 8 million organized delivery proven impacts.

00:24:29.730 → 00:24:38.670

Brian Brooks: Youth mental health is a core funding priority aligned to improving health outcomes and resilience for children and adolescents across North Carolina.

00:24:38.830 → 00:24:47.500

Brian Brooks: The focus is on prevention, early intervention, and access to care, and the community-based solutions, especially for understanding our population.

00:24:48.160 → 00:24:58.669

Brian Brooks: Some of the funding supported school-based mental health services, expanding counseling, and creating access for more than 250,000 students in North Carolina.

00:24:59.020 → 00:25:04.719

Brian Brooks: Our community mental health organizations have invested in existing community services already.

00:25:05.210 → 00:25:11.719

Brian Brooks: Doing the work in their communities, and focusing on identifying signs before a crisis happens.

00:25:13.170 → 00:25:19.649

Brian Brooks: The Trauma Informed care programs through Trauma Informed Partnership, Boys and Girls Club, and Early Intervention.

00:25:19.970 → 00:25:25.379

Brian Brooks: The Foundation helped create a safe space for youth and reduce the risk of mental health crisis.

00:25:26.700 → 00:25:41.279

Brian Brooks: Mental health helps training capacity building initiatives. We already discussed this in the presentation, but if you want to learn more, you can find more at www.bluecrossblueshieldNorthcarolinafoundation.org.

00:25:41.930 → 00:25:46.549

Brian Brooks: And, Caitlin, I appreciate the opportunity. I'll turn this back over to you.

00:25:48.330 → 00:26:07.520

Cait Ellis (NIHCM): Great, thank you so much, Brian, for sharing how Blue Cross North Carolina is supporting the mental health safety net through care navigation, value-based care, the youth mental health first aid training, and how your foundation is also working to expand access and support to school-based mental health efforts.

00:26:07.520 → 00:26:32.510

Cait Ellis (NIHCM): For our final presentation, we'll hear from Megan Moreno. Dr. Moreno is a professor of pediatrics and affiliate professor of Educational Psychology at the University of Wisconsin-Madison. She is the academic chief of the Division of General Pediatrics and Adolescent Medicine, and serves as Vice Chair of the Academic Affairs for the Department of Pediatrics. She also currently serves as the co-medical director for the American Academy of Pediatrics

00:26:32.510 → 00:26:46.369

Cait Ellis (NIHCM): Center of Excellence on Social Media and Youth Mental Health. Her research focuses on the intersection of technology and adolescent health, a very timely theme for today's conversation. We are so honored to have her with us today. Megan?

00:26:48.520 → 00:26:52.559

Megan Moreno, MD, MEd, MPH, FAAP: Thank you so much, and thank you to the previous two presenters.

00:26:53.150 → 00:27:08.660

Megan Moreno, MD, MEd, MPH, FAAP: I am going to bring another variable into the mental health and youth equation, which is digital media, such as social media and AI. And I'd like to frame our conversation around both challenges as well as opportunities.

00:27:08.990 → 00:27:23.829

Megan Moreno, MD, MEd, MPH, FAAP: On the next slide, I'll share that, as we've heard today, we are in the midst of a mental health epidemic. Many of you have probably seen graphs, like those on the left, showing rates of depression rising since around 2010.

00:27:23.830 → 00:27:40.859

Megan Moreno, MD, MEd, MPH, FAAP: You may also have seen a graphic, such as I have here on the right, which shows the rollout of social media platforms along the same timeline in which mental health rates rose, signifying correlations between those events.

00:27:41.650 → 00:28:00.819

Megan Moreno, MD, MEd, MPH, FAAP: On the next slide, I'll share that one consequence of this correlation is a narrative that strongly centers on fear and blame. The article on the left is an example of the type of news article you may have seen using strong words like destroyed.

00:28:00.860 → 00:28:15.099

Megan Moreno, MD, MEd, MPH, FAAP: On the right is a satirical version of that article that one of my patients showed me, but one of the things that's striking is there's not a lot of difference between the satire and the language of the actual news article.

00:28:15.630 → 00:28:21.899

Megan Moreno, MD, MEd, MPH, FAAP: So, on the next slide, I'd like to start by considering the consequences of this current narrative.

00:28:22.020 → 00:28:37.349

Megan Moreno, MD, MEd, MPH, FAAP: What I'm sharing with the first couple of questions are quotes that I have gathered from clinic visits, as well as from talks that I've given in the community, and they're verbatim quotes of things that I've heard adults say to youth.

00:28:37.350 → 00:28:42.099

Megan Moreno, MD, MEd, MPH, FAAP: So, these include, don't you know that phones are rotting your brain?

00:28:42.100 → 00:28:50.029

Megan Moreno, MD, MEd, MPH, FAAP: Why don't you go outside and touch grass or something? And in my day, we did worthwhile things with our time.

00:28:50.210 → 00:29:02.959

Megan Moreno, MD, MEd, MPH, FAAP: And below, I've included two really, really, to me, really poignant and also representative quotes that I've heard from patients as well as from youth involved in our research.

00:29:02.960 → 00:29:17.080

Megan Moreno, MD, MEd, MPH, FAAP: And the first quote says, I can honestly say I have never had a positive conversation with an adult about my phone. I don't have anyone to ask who isn't going to tell me about how bad I am for using a phone.

00:29:17.200 → 00:29:27.219

Megan Moreno, MD, MEd, MPH, FAAP: And the second quote is, I feel a lot of shame for using my phone, but I see my mom on her phone throughout dinner, and she doesn't really talk to me. So.

00:29:27.340 → 00:29:42.530

Megan Moreno, MD, MEd, MPH, FAAP: On the next slide, I'll share how we got here. I think that what we have seen throughout history is that new technologies lead to immense societal change, and often this sense of moral panic.

00:29:42.530 → 00:30:03.979

Megan Moreno, MD, MEd, MPH, FAAP: And I include here an example from a previous news story when television came out. There are many examples of television news stories with lots of concerns about children's addiction to television. And if you go back even further in time, you can find news stories that really lean into the fear of other technologies, such as

00:30:03.980 → 00:30:16.579

Megan Moreno, MD, MEd, MPH, FAAP: the telephone. I also found some calculators in schools, on typewriters, on photocopies, and my favorite personally was on can openers.

00:30:16.900 → 00:30:31.869

Megan Moreno, MD, MEd, MPH, FAAP: So, we had been through this before, and I think that news stories that really need to have a clickbait to drive news, they can create a lot of buzz and noise, but not a lot of clarity to help guide families.

00:30:31.870 → 00:30:39.780

Megan Moreno, MD, MEd, MPH, FAAP: We also know that COVID, for most of us, really changed our technology use. We feel so much more connected, immersed.

00:30:39.780 → 00:30:47.200

Megan Moreno, MD, MEd, MPH, FAAP: This has led for adults to some increased expectations that were available on our phones outside of work.

00:30:47.200 → 00:31:02.939

Megan Moreno, MD, MEd, MPH, FAAP: And there's also a parenting culture that can have a lot of shame and blame in my way or the highway around how parents parent around technology. So we're living in a world of increased stressors and limited time.

00:31:03.330 → 00:31:19.270

Megan Moreno, MD, MEd, MPH, FAAP: On the next slide, let's pause for a minute and say, but wait a minute, I thought that the evidence is really strong here. What is the evidence around youth and mental health? And I would remind us all that the majority of the evidence is based on cross-sectional studies.

00:31:19.270 → 00:31:33.150

Megan Moreno, MD, MEd, MPH, FAAP: These are studies that cannot determine direction, and they don't show causality. So an example would be, for most of you in the audience, there's probably an association between you drinking coffee and putting on shoes.

00:31:33.150 → 00:31:47.059

Megan Moreno, MD, MEd, MPH, FAAP: But within that, there's this other variable, which is these are both things that happen in the morning. They're not causal. And they might go in one direction, one goes before the other for some people, and in the other direction for others.

00:31:47.170 → 00:31:54.499

Megan Moreno, MD, MEd, MPH, FAAP: There are studies that show a positive association between social media use and depression symptoms.

00:32:14.780 → 00:32:17.860

Megan Moreno, MD, MEd, MPH, FAAP: Core variables are key factors.

00:32:19.810 → 00:32:34.760

Megan Moreno, MD, MEd, MPH, FAAP: So, an example here would be, there may be, for some people, a positive association between Snickers and weight gain, and that association might be strong for some people who really love Snickers, and weaker for others.

00:32:35.040 → 00:32:40.299

Megan Moreno, MD, MEd, MPH, FAAP: Now, let's go to the next slide and look at where the evidence starts to get a little bit stronger.

00:32:42.510 → 00:32:56.690

Megan Moreno, MD, MEd, MPH, FAAP: So, when you look at studies of problematic media use, that means they did not measure normal day-to-day, daily social media use. They detected that there was problematic use, more compulsive use, more impulsive use.

00:32:56.690 → 00:33:04.750

Megan Moreno, MD, MEd, MPH, FAAP: Those studies have a stronger association, estimated to explain around 15% of the phenomenon being studied.

00:33:04.750 → 00:33:23.000

Megan Moreno, MD, MEd, MPH, FAAP: We also know that in the few studies we have of youth who have depression or anxiety and social media use, those studies also suggest a stronger association. So, for some populations and for some conditions, there is a stronger association.

00:33:23.000 → 00:33:36.550

Megan Moreno, MD, MEd, MPH, FAAP: There's also other important variables that are not often included in these studies, like sleep, which can affect both mental health and be affected by social media use, physical activity, and social context.

00:33:36.740 → 00:33:54.929

Megan Moreno, MD, MEd, MPH, FAAP: Let's go to the next slide. I want to point out one other really important variable that's starting to show up in the evidence, and that is parent social media use. So, in some studies, they have found that when you measure the association between youth mental health.

00:33:54.930 → 00:34:09.090

Megan Moreno, MD, MEd, MPH, FAAP: And youth social media use. And then add in parent social media use. That parent social media use is a stronger driver of youth mental health than the youth's own social media use.

00:34:09.550 → 00:34:29.449

Megan Moreno, MD, MEd, MPH, FAAP: So on the next slide, what are we to do? What are we to think about? We can conclude that this is probably not a uniform experience for every youth. Some kids do very well with their digital media use, some have risks and harms, and other variables, such as parents, such as sleep, those are really, really important.

00:34:29.449 → 00:34:48.380

Megan Moreno, MD, MEd, MPH, FAAP: So we want to avoid mono-causal determinism, we want to avoid the idea that everyone across a population's experience is the same, and we want to focus on kids who are at risk to provide targeted prevention and support. And we want to take into consideration context and key variables.

00:34:49.270 → 00:34:50.979

Megan Moreno, MD, MEd, MPH, FAAP: On the next slide.

00:34:51.239 → 00:35:01.890

Megan Moreno, MD, MEd, MPH, FAAP: What is the context? Well, here's that slide again that shows the rise of social media platforms laid on top of the rise in youth mental health.

00:35:01.920 → 00:35:20.059

Megan Moreno, MD, MEd, MPH, FAAP: But on the next slide, here's another version of that slide, which shows some of the societal and global context that has been unrolling since the early 2000s. We have, then, in 2001, we had September 11th, around 2005, the opioid epidemic.

00:35:20.060 → 00:35:26.329

Megan Moreno, MD, MEd, MPH, FAAP: 2008, the Great Recession, then going into global warming and major climate events.

00:35:26.330 → 00:35:30.409

Megan Moreno, MD, MEd, MPH, FAAP: 2017, sociocultural changes and movements.

00:35:30.410 → 00:35:41.279

Megan Moreno, MD, MEd, MPH, FAAP: 2020, the COVID pandemic, and on from there, we've had other significant events at the national and global level, and kids are very aware of those events.

00:35:41.640 → 00:35:59.709

Megan Moreno, MD, MEd, MPH, FAAP: So, on the next slide, just placing in context, which I think really goes well with what the other speakers share, there are many factors that pay... that influence mental health that we need to pay attention to. Those include biology and genetics, childhood experiences, trauma and stress.

00:35:59.710 → 00:36:09.590

Megan Moreno, MD, MEd, MPH, FAAP: The environment, their family, the social relationships they have, the positive strengths and supports they can reach out to, and their community.

00:36:10.030 → 00:36:28.900

Megan Moreno, MD, MEd, MPH, FAAP: So, on the next slide, let's shift to thinking a little bit about some of the opportunities, and I think these have been really nicely highlighted by our previous speakers. Opportunities to use digital tools to increase access, increase patient education, increase the reach of provider education.

00:36:28.900 → 00:36:30.780

Megan Moreno, MD, MEd, MPH, FAAP: What else is out there?

00:36:30.780 → 00:36:40.309

Megan Moreno, MD, MEd, MPH, FAAP: On the next slide, I'll share that at the Center of Excellence, which is the American Academy of Pediatrics Center of Excellence on Social Media and Youth Mental Health.

00:36:40.310 → 00:36:54.530

Megan Moreno, MD, MEd, MPH, FAAP: We have advanced a new narrative which places the youth in the center and all of the individual characteristics that youth bring to their interactions with social media and with AI.

00:36:54.530 → 00:37:18.519

Megan Moreno, MD, MEd, MPH, FAAP: And they bring those individual characteristics, whether they're resilient, whether they're experiencing anxiety, whether they got a good night's sleep last night, and that interacts with that platform's design, content, and algorithm, which leads to a positive or negative experience in that moment. But that experience is within the context of whether they have family and caregiver support.

00:37:18.520 → 00:37:29.970

Megan Moreno, MD, MEd, MPH, FAAP: What does their other media use look like? What does their peer group, school, and community support look like? And then, against a backdrop of social, economic, and climate stresses.

00:37:29.970 → 00:37:41.670

Megan Moreno, MD, MEd, MPH, FAAP: So we see our role at the Center of Excellence to provide resources to support parents and family members in providing that positive support.

00:37:41.670 → 00:37:45.679

Megan Moreno, MD, MEd, MPH, FAAP: To provide support to healthcare providers, to schools.

00:37:45.680 → 00:37:55.929

Megan Moreno, MD, MEd, MPH, FAAP: To also have resources to support youth and provide those really critical areas of support while youth are navigating their digital journey.

00:37:56.060 → 00:38:02.390

Megan Moreno, MD, MEd, MPH, FAAP: I'd like to share a couple slides illustrating some of the examples of resources we have.

00:38:02.390 → 00:38:27.370

Megan Moreno, MD, MEd, MPH, FAAP: So, I mentioned at the start of my remarks that it's really challenging in some cases for adults and youth to communicate about technology. Adults can get really worried about what their kids are doing, maybe don't understand the technology themselves, or really just don't like that technology, and so sometimes it can be helpful to have some ways to frame out those conversations.

00:38:28.120 → 00:38:47.470

Megan Moreno, MD, MEd, MPH, FAAP: Frame out your questions, frame out ways to discuss this. And so, within our website, we provide conversation starters on a variety of topics, which you can see here. Both being able to have individual and initial conversations, as well as check-ins, so that that conversation can be ongoing.

00:38:47.860 → 00:39:01.699

Megan Moreno, MD, MEd, MPH, FAAP: On the next slide, I'll share that we also have the American Academy of Pediatrics Family Media Plan, which is a tool that families can use to develop rules and guidelines that they will use within their household.

00:39:01.700 → 00:39:22.850

Megan Moreno, MD, MEd, MPH, FAAP: Now, what we hear from youth is that they really like the family media plan, as long as the adults in their household are also following it. So, if there is a

rule to keep meals screen-free, they really want to make sure that the adults at the table are also present and engaging with them, and not using their screens.

00:39:23.050 → 00:39:41.230

Megan Moreno, MD, MEd, MPH, FAAP: On the next slide, I'll share that we have a question and answer portal that is a big part of our work. We have the opportunity for clinicians, educators, parents, and teens to submit questions, and we have research teams that delve into the evidence and provide an evidence-based response.

00:39:41.230 → 00:39:56.079

Megan Moreno, MD, MEd, MPH, FAAP: At this point, we have several hundred questions, so there's also... all of the questions are available, so you can look through them as a question library, and we've found that some folks will do that sitting with their kids and look at previous questions.

00:39:56.200 → 00:40:09.529

Megan Moreno, MD, MEd, MPH, FAAP: On the next slide, I'll share that we also have had dialogue with schools and with school administrators and school-based health personnel around some of the school phone policies that have emerged in the last couple of years.

00:40:09.530 → 00:40:25.190

Megan Moreno, MD, MEd, MPH, FAAP: Ways that community members can be part of helping to plan a school phone policy, and taking into account kids with healthcare needs, and what exceptions or adjustments they might need to be able to navigate a bell-to-bell policy.

00:40:25.630 → 00:40:43.750

Megan Moreno, MD, MEd, MPH, FAAP: On the next slide, I'll share we also have printable resources, so if you have events or you want resources available for folks in your community or groups, we have some different resources that can be helpful to provide evidence, as well as hopefully start some of those conversations and communications.

00:40:44.070 → 00:40:55.919

Megan Moreno, MD, MEd, MPH, FAAP: On the next slide, I'll just share that I hope that some of my take-home points have been, in the setting of the youth mental health crisis, social media plays a role, but not the only role.

00:40:55.920 → 00:41:05.899

Megan Moreno, MD, MEd, MPH, FAAP: Adults' communication, guidance, and role modeling is critical, and resources can help, and I hope some of the resources I've shared are helpful to you.

00:41:05.910 → 00:41:11.589

Megan Moreno, MD, MEd, MPH, FAAP: On the last slide, I'll share that our funding is made possible by SAMHSA,

00:41:11.730 → 00:41:17.930

Megan Moreno, MD, MEd, MPH, FAAP: And I really appreciate being able to present, and look forward to the question and answer session.

00:41:20.830 → 00:41:44.709

Cait Ellis (NIHCM): Great, wonderful. Thank you so much, Dr. Moreno, for highlighting what kids are experiencing, and the narrative around social media and phones, and for diving into what the evidence is showing us today. We'd like to use the remaining time to engage in a Q&A with our audience. Please take a moment to submit your questions in the Q&A tab if you have not done so already. And I will ask all of my panelists to come back on video.

00:41:44.710 → 00:41:48.610

Cait Ellis (NIHCM): You are welcome to come off mute as we dive into the Q&A.

00:41:49.260 → 00:41:50.260

Cait Ellis (NIHCM): So...

00:41:50.550 → 00:41:57.299

Cait Ellis (NIHCM): Dr. Moreno, I'll start with you. We had a lot of questions come in, around the school policies to ban phones.

00:41:57.300 → 00:42:11.600

Cait Ellis (NIHCM): And do you think there's really an impact on student mental health with the bans that we're seeing? And some participants mentioned that phones are often a coping strategy and have concerns about taking away that mechanism, so if you would like to start there.

00:42:11.820 → 00:42:30.080

Megan Moreno, MD, MEd, MPH, FAAP: Great question. I think the evidence just... we don't have the evidence in the papers coming out yet, because these school phone policies are so new. One of the interesting studies that is out there is one that our group did with the AAP. It was a survey of parents.

00:42:30.080 → 00:42:53.090

Megan Moreno, MD, MEd, MPH, FAAP: and parent perceptions of the policy. And one of the things that we found in that study was that kids who were more likely to get in trouble within the context of a school phone ban were kids with chronic or ongoing illnesses or disabilities, just suggesting that those kids may be using their phone differently, and that those are kids that we really need to be thinking about when we're making

00:42:53.090 → 00:43:05.140

Megan Moreno, MD, MEd, MPH, FAAP: policies that impact an entire school. But I'm waiting to see the evidence on what the impact is on mental health, on school grades, on attention, on social connection. I'm waiting with bated breath as well.

00:43:06.200 → 00:43:07.590

Cait Ellis (NIHCM): Great, thank you.

00:43:07.590 → 00:43:32.590

Cait Ellis (NIHCM): The next one is kind of a broad question, but we've had a lot of interest in the solutions that are being implemented, and some questions come in around the solutions or types of solutions that can be easily replicated, whether in somebody's state or community, and so I'd open it up to the panelists, as you're thinking about the creative solutions that are really having an impact that you're seeing, what would you say are ones that our participants should look to

00:43:32.590 → 00:43:37.609

Cait Ellis (NIHCM): As being easily replicated, they can, you know, take that information home with them.

00:43:42.180 → 00:43:44.240

Tami D Benton, MD: Mr. Brooks, do you want to go first?

00:43:46.570 → 00:43:56.130

Brian Brooks: Sure. Some of the things I think should be replicated from a payer standpoint is how we partner with community-based organizations

00:43:56.290 → 00:44:03.779

Brian Brooks: How we're supporting, training across, our providers. You know, we are partnering with

00:44:03.920 → 00:44:08.779

Brian Brooks: Some vendors to do evidence-based training, certify individuals in

00:44:08.970 → 00:44:11.770

Brian Brooks: Evidence-based training, so we're hoping to...

00:44:11.870 → 00:44:31.850

Brian Brooks: You know, I think that's something that can be replicated from across states, across counties. We also are partnering with the 988 in the state around mobile assessment, so I think that's, you know, SAMHSA has put out some new guidelines over the last few years around mobile assessment for youth.

00:44:31.930 → 00:44:40.819

Brian Brooks: I think that's something that we can definitely see more states picking up that mobile assessment and partnering around the 988 crisis.

00:44:41.830 → 00:44:59.990

Tami D Benton, MD: Yeah, and I would want to add to that. You know, I think that, despite the stressors of what we experienced during the pandemic, it did force us to be more creative about how we provided mental health care. I think that telehealth has been a big gain for us.

00:44:59.990 → 00:45:09.890

Tami D Benton, MD: And if we're able to, work together to mitigate some of the state-level barriers around expanding telehealth.

00:45:09.890 → 00:45:25.549

Tami D Benton, MD: will be able to provide access and consultation to providers in other states and counties that don't actually have providers. And so, like, that could be a real win. I think the training that Brian described, I was very impressed with what they're doing in North Carolina.

00:45:25.550 → 00:45:30.930

Tami D Benton, MD: Because they're actually doing all the things that we can do to think about expanding access to care.

00:45:31.010 → 00:45:37.730

Tami D Benton, MD: There have been a couple of things that emerged, supported by SAMHSA and other organizations that have been highly effective.

00:45:37.730 → 00:45:53.919

Tami D Benton, MD: One is the child psychiatry Access Programs that are now available in 50 states, and those really grew during the pandemic. Those programs allow primary care clinicians, primarily pediatricians, to have access to specialist consultation.

00:45:53.920 → 00:45:57.430

Tami D Benton, MD: Via phone or telehealth when needed.

00:45:57.430 → 00:46:14.099

Tami D Benton, MD: And that's a... that's a tremendous resource. I think some of the other things that have been successful are expansion of school-based mental health services. And if I could, like, put my... all my resources in one place, it would be in the schools, because children and families are there. I think...

00:46:14.100 → 00:46:39.050

Tami D Benton, MD: Brian's description of the program they do with the athletic communities is a beautiful example of the need for community partnerships. So we will only expand access and capacity when we expand preventive capabilities, which comes from communities supporting each other. And that's where children and families are every day. It's true for faith-based communities, it's true for all of the potential partners.

00:46:39.050 → 00:46:46.860

Tami D Benton, MD: individuals who touch children's lives every day. And then, the other thing that's been really... one of my favorite interventions, which,

00:46:46.940 → 00:46:52.970

Tami D Benton, MD: Vikram Patel has developed... has really focused on training non-specialists

00:46:53.170 → 00:47:02.480

Tami D Benton, MD: providers to provide mental health care, using digital strategies. And so, community health workers, I think, is another opportunity for us

00:47:02.480 → 00:47:20.949

Tami D Benton, MD: And it's an opportunity to extend capacity by training people in skills that they can safely execute in the community, and then we can use digital strategies to ensure that people... that there is fidelity to those treatment interventions. So I just think there's... if we think of this

00:47:20.950 → 00:47:34.399

Tami D Benton, MD: as a community problem, that we can address together. I think there's a lot of successful strategies for providing more support for children and families. And I loved what Megan described. I'm going to use those resources Megan talked about myself.

00:47:34.470 → 00:47:49.360

Tami D Benton, MD: Because this is such a blurry area for many of us. In mental health, we recognize that kids who have depression and anxiety, can tend to use social media in ways that are not supportive of their own mental health.

00:47:49.360 → 00:48:00.899

Tami D Benton, MD: And so we know there are at-risk populations. But Megan, you talked about something I don't hear much about, and that's the role of parents in managing social media, I think cannot be emphasized enough.

00:48:02.640 → 00:48:20.469

Megan Moreno, MD, MEd, MPH, FAAP: Yes, I think that it's so challenging for many parents, because for some, they're trying to manage their own technology use, but for many, it wasn't

technology that we grew up with, and so there's that learning curve of the technology itself alongside it.

00:48:23.030 → 00:48:45.659

Cait Ellis (NIHCM): Great, thank you all. We have had a lot of questions come in around this idea of youth mental health first aid training, and so, Brian, I was wondering if you could speak a little bit more to that, or our other panelists as well. You know, is this training available outside of North Carolina? Do you know of other offerings that are available, and where, you know, youth or kids could go to participate in this type of

00:48:45.660 → 00:48:46.750

Cait Ellis (NIHCM): opportunity.

00:48:49.210 → 00:48:53.540

Brian Brooks: Definitely, Caitlin. So, youth mental health, first aid.

00:48:53.750 → 00:49:04.839

Brian Brooks: is, a national training, and actually, they have 3 different branches. It's a... they have a team, mental health first aid training, they have

00:49:04.990 → 00:49:17.679

Brian Brooks: they actually have one that's also bilingual, multilingual, and youth mental health first aid. We do have that information posted. I think I gave the,

00:49:17.690 → 00:49:27.219

Brian Brooks: address earlier, and I'll make sure I put that in the chat, but we have that at the Blue Cross Blue Shield North Carolina Foundation, where you can

00:49:28.190 → 00:49:32.769

Brian Brooks: Get more information on youth mental health, first aid, as well as,

00:49:32.850 → 00:49:44.219

Brian Brooks: resources and training that we're offering in, across North Carolina. But most states, a lot of times the Medicaid states partner with Youth Mental Health First Aid to train

00:49:44.230 → 00:50:01.059

Brian Brooks: I think a lot of times they're training police officers, training office, allied professionals. It's really, it can be adjusted and adapted to any kind of setting, and so it's really a neat opportunity.

00:50:01.340 → 00:50:08.080

Brian Brooks: And if you need more information, please check our site, and I'll put that in our chat as well, Cait.

00:50:10.630 → 00:50:12.170

Cait Ellis (NIHCM): Great, thank you.

00:50:12.490 → 00:50:25.710

Cait Ellis (NIHCM): So we've spoken a lot about, kind of, digital tools, technology, social media, and a little bit about AI, but I'm wondering if we could expand on the conversation around AI specifically. We had a lot of questions come in around the safety of chatbots.

00:50:25.710 → 00:50:37.139

Cait Ellis (NIHCM): discussing the safety and data governance concerns, the state of research around the impacts of AI, including chatbots, if any of our panels can speak to that a little bit more.

00:50:39.560 → 00:51:04.429

Megan Moreno, MD, MEd, MPH, FAAP: I'm happy to start. I think this is an area where research is really in its infancy, and so if we stay in our evidence-based lane, it's hard to... it's hard to have a lot to talk about just yet, but I think there's a lot coming. But some of what we have seen is that youth, in some ways, are using AI in ways that we saw in the early days of the internet. They're looking up embarrassing questions, they're looking up health-related

00:51:04.430 → 00:51:08.069

Megan Moreno, MD, MEd, MPH, FAAP: They're typing in things to see how it reacts.

00:51:08.070 → 00:51:31.930

Megan Moreno, MD, MEd, MPH, FAAP: And, there's concerns about whether this represents, sort of, when youth engage with chatbots, that's a little bit different, because that's more interactive than the early days of the internet. So, in that area, around chatbots, around interactive, we don't know a lot about it. We also know that youth are doing things that they did on... online, so...

00:51:31.930 → 00:51:45.450

Megan Moreno, MD, MEd, MPH, FAAP: Their youth will type in questions, they'll engage with chatbots around topics or areas they see as stigmatized. That can include mental health, and that can also include romance and reproductive health.

00:51:45.490 → 00:52:03.550

Megan Moreno, MD, MEd, MPH, FAAP: So, I think one of the problematic areas that we see emerging very early is that these chatbots were not designed to engage with youth. They were

not designed to be able to provide appropriate responses to mental health queries, mental health disclosures.

00:52:03.550 → 00:52:10.340

Megan Moreno, MD, MEd, MPH, FAAP: romantic overtures. They're just not designed for that. And so, while youth might be using these.

00:52:10.340 → 00:52:20.029

Megan Moreno, MD, MEd, MPH, FAAP: As a practice, or as a tool, or as a bridge, the responses they're getting back might not be actually preparing them in the way that we would hope.

00:52:23.110 → 00:52:26.489

Cait Ellis (NIHCM): Great, thank you. Pivoting a little... oh, go ahead, please.

00:52:26.490 → 00:52:41.289

Tami D Benton, MD: I was just gonna say, I'd agree with Megan, you know, some of the conversations we're having in the state of Pennsylvania really have to do with regulations around chatbots, because, you know, sometimes kids use them for help with their homework, and it's helpful.

00:52:41.290 → 00:53:01.000

Tami D Benton, MD: But there have been times that, you know, young people have sought chatbots for mental health information, and sometimes it's good, and sometimes it's been negative. And so, you know, what we've... what parents have asked for, and what schools have asked for, is that there's a little bit more... there's more legislation and oversight.

00:53:01.050 → 00:53:17.809

Tami D Benton, MD: Around what folks can put online, and what people can permit chatbots to do in their interactions with young people, looking at age of use. And, you know, unfortunately, it's, you know, I recently spoke with colleagues in Australia who have banned

00:53:17.810 → 00:53:22.610

Tami D Benton, MD: You know, social media use, and, you know, what they describe is that

00:53:22.610 → 00:53:44.050

Tami D Benton, MD: their effort to ban, that the kids always find a way to get around it, because they're more tech-savvy. And I think that as we're thinking about, moving ahead with more AI and more digital health strategies, there's gonna have to be some partnerships with the people who actually produce these things, because what Megan just said, these things aren't actually developed for this purpose.

00:53:44.050 → 00:53:48.619

Tami D Benton, MD: But there's really not consistent regulatory guidance on this yet.

00:53:51.950 → 00:54:02.190

Cait Ellis (NIHCM): Great, thank you. Pivoting a little bit, would love, you know, we had some questions come in around what are some of the misconceptions about youth mental health that you wish more people understood?

00:54:04.470 → 00:54:11.910

Tami D Benton, MD: I can speak for that, because I live this life every day, along with Megan, and I'm sure, Brian. You know.

00:54:12.710 → 00:54:16.650

Tami D Benton, MD: I wish that people understood,

00:54:17.130 → 00:54:30.240

Tami D Benton, MD: One, mental health is health, so it's not some special part of your health that's separate from everything else that happens to you. That it's really part of your normal emotional and social development.

00:54:30.240 → 00:54:40.879

Tami D Benton, MD: And that having conversations with young people about what they may or may not be struggling with, or things they just need to talk to someone about, are not things that they should be afraid of.

00:54:40.880 → 00:54:50.440

Tami D Benton, MD: That, you know, in order for us to successfully address what we're experiencing in children's mental health, it's gonna require that every adult person

00:54:50.600 → 00:55:00.870

Tami D Benton, MD: gets comfortable with having discussions about mental health. It's not some side thing, it's not some secret thing, and also.

00:55:00.880 → 00:55:12.909

Tami D Benton, MD: whatever mental health challenges one is experiencing, no matter how bad they may seem, can all get better with the right attention and the right support. And we all have a role to play in that.

00:55:16.640 → 00:55:19.189

Brian Brooks: Yeah, that's great, Doctor. I would add that...

00:55:19.790 → 00:55:27.870

Brian Brooks: Mental health, it should be, like, getting your vision checked, or going to the dentist, or... and... and...

00:55:28.050 → 00:55:32.880

Brian Brooks: Early, you know, going into schools with prevention.

00:55:32.960 → 00:55:48.289

Brian Brooks: I think that's, you know, work that we continue to build on, and a lot of times we're not providing the schools or the teachers the resources to screen for mental health. I think we have the capability to do that now, and

00:55:48.290 → 00:55:54.410

Brian Brooks: Really need to push to have the screenings done earlier and train allied professionals.

00:55:55.230 → 00:55:57.530

Brian Brooks: To, to do the screenings.

00:56:00.010 → 00:56:14.069

Cait Ellis (NIHCM): Thank you. And what gives you hope right now in the youth mental health space? What do you kind of see as those critical first steps that we could be taking to addressing the youth mental health crisis, kind of from each of your different perspectives?

00:56:16.800 → 00:56:21.979

Tami D Benton, MD: Megan, I think we've been doing all the talking. You can start first this time.

00:56:21.980 → 00:56:38.000

Megan Moreno, MD, MEd, MPH, FAAP: I think what really inspires me every day in my work is these youth themselves. This generation, as my slide shared, they've kind of been through it, and they are just the most diverse, resilient, thoughtful, caring... I just...

00:56:38.000 → 00:56:51.900

Megan Moreno, MD, MEd, MPH, FAAP: am in awe of this group, and so incredibly resilient. And this is a generation that is very open to talking about mental health, they're very engaged in the idea that mental health is not the absence of an illness, and

00:56:51.900 → 00:57:08.339

Megan Moreno, MD, MEd, MPH, FAAP: We have youth advisory boards that inform our work. They're there, they're engaged, so I think, to me, working with them and engaging with them and providing them the respect they deserve, I think, is a way for us to keep moving forward.

00:57:10.370 → 00:57:18.339

Tami D Benton, MD: I echo Megan's comments. I mean, I think the thing that inspires me every day are the children and the families and communities.

00:57:18.360 → 00:57:29.309

Tami D Benton, MD: And there's never been a time that I've asked some families for help with something we were struggling with with a young person, or that... there are times I've gone to

00:57:29.310 → 00:57:42.819

Tami D Benton, MD: community churches, or coaches, or the YMCA, and asked for support for youth who are experiencing suicidal ideation, or other things that can be frightening to people. And there's never been a time

00:57:42.820 → 00:57:51.059

Tami D Benton, MD: that you can't solicit the support from those individuals for the development of young people, and that always keeps me hopeful and inspired.

00:57:52.770 → 00:57:56.330

Brian Brooks: Yeah, I... I would agree 100% that...

00:57:56.650 → 00:58:06.879

Brian Brooks: It is inspiring. The teens, I think, have helped... teens and youth are starting to remove some of the stigma that we've had in place in youth, you know, in mental health for

00:58:07.620 → 00:58:25.150

Brian Brooks: the life of mental health, we've had stigma, and I think since COVID, some of that stigma has been removed. And, you know, I have a niece that's in nursing school and getting married, 21 years old. She said, I need to talk to my therapist, and just came out and said, and it's not a...

00:58:25.410 → 00:58:40.010

Brian Brooks: no stigma there, no, just that they needed help with moving through life's events, and so, it is a generation that I think is embracing mental health, so look forward to

00:58:40.580 → 00:58:42.580

Brian Brooks: See how that's gonna evolve.

00:58:45.150 → 00:58:50.160

Cait Ellis (NIHCM): Great, thank you, and I think we have time for one more question. We had a few questions come in around telehealth.

00:58:50.160 → 00:59:05.860

Cait Ellis (NIHCM): you know, the promise of telehealth, but knowing that for some youth, they prefer in-person care. So, is anyone able to speak to the evidence around telehealth therapy? Is it equally effective for youth, or what are some of the options or opportunities in that space?

00:59:11.400 → 00:59:26.600

Tami D Benton, MD: You know, I... I can say that, you know, we actually, you know, we are actually providing, you know, maybe 40% of our visits are now telehealth, and much of that is driven by adolescents and families.

00:59:26.710 → 00:59:45.560

Tami D Benton, MD: You know, so... but, you know, we're currently focusing more on understanding through our quality and safety initiatives, you know, how... What are the differences in outcomes? Which youths benefit the most from telehealth? Which populations probably should not initially receive telehealth?

00:59:45.560 → 00:59:57.390

Tami D Benton, MD: But right now, most of these decisions are based on family satisfaction. I will say that the majority, like, almost all, actually all of our initial visits are in person.

00:59:57.670 → 01:00:09.979

Tami D Benton, MD: And, you know, I can say that, you know, in part because we're just getting to know the children and their families, but it's been so beneficial for families, in part because they can all participate.

01:00:09.980 → 01:00:22.839

Tami D Benton, MD: It works better for their schedules, and a lot of times the adolescents find it that they prefer the telehealth visits to the in-person visits, but I think we still have a lot to learn about telehealth.

01:00:25.180 → 01:00:32.340

Brian Brooks: Yeah, I would agree. I think, coming from a player, there's always... we always need guardrails around what

01:00:32.570 → 01:00:46.830

Brian Brooks: who should be receiving telehealth and what kind of evidence-based practice is being used in telehealth. I think we'll see more AI helping us drive telehealth and driving outcomes.

01:00:46.930 → 01:00:53.019

Brian Brooks: But, I think for us, we are trying to build a multimodal

01:00:53.160 → 01:01:06.129

Brian Brooks: you know, telehealth, bricks and mortar, hybrid, digital solutions that help drive what therapy might be doing. You know, a therapist has a platform that can help remind appointments, and

01:01:06.160 → 01:01:17.779

Brian Brooks: At homework, those kinds of things, I think, are very important. So, it's really too... you really need to be engaging the individual where they are, and what environment they're sitting in.

01:01:17.920 → 01:01:28.949

Brian Brooks: That could be school as well. I think we should be using telehealth in schools, and actually having therapists go into schools as well. So, really meeting them where they are.

01:01:30.000 → 01:01:37.500

Cait Ellis (NIHCM): Great. Thank you all so much. Unfortunately, we are out of time today, so I'd like to thank our excellent panel of speakers for being with us, and our audience.

01:01:37.500 → 01:01:56.660

Cait Ellis (NIHCM): We have had some resources mentioned during this call. We'll make sure they're available on our website, and then also shared when we post and share the archive of this video. Your feedback is very important to us, so please take a moment to complete the brief survey that will open on your screen after the event. Thank you all so much for your participation today.

01:01:57.480 → 01:01:58.280

Tami D Benton, MD: Thank you.

01:01:58.540 → 01:01:59.380

Brian Brooks: Thank you.