



**American Hospital
Association™**

Advancing Health in America

From Infancy to Adolescence: Supporting Youth Mental Health

May 29, 2025



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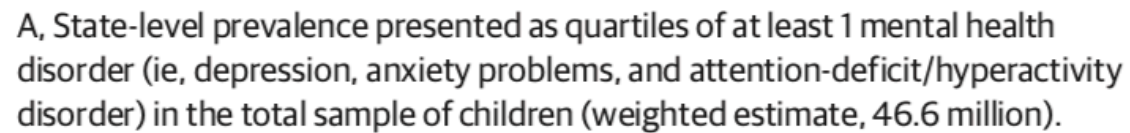


Intro

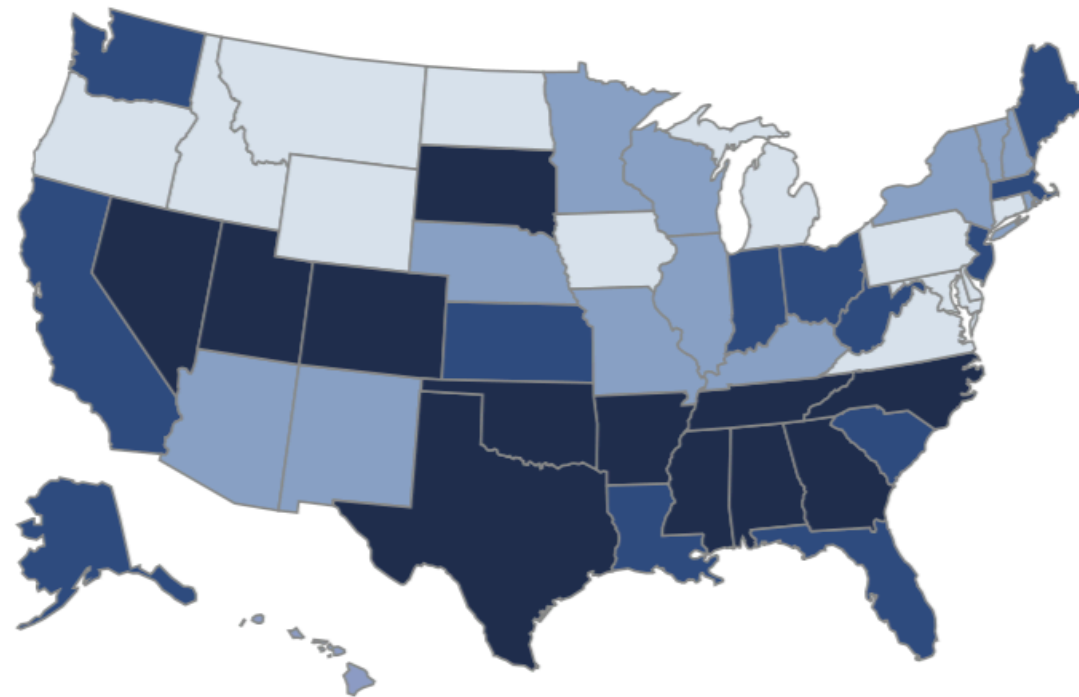
- The big picture - it all starts in childhood and adolescence.
 - What is mental health anyway? What do we try to address and why?
 - How this impacts our care system.
 - How and why do clinicians and clinical systems vary in their approaches?
-
- Root causes (barriers) of the problem.
 - How do we close the gap in access and quality?
 - What does early really mean?
 - Why pediatricians and pediatric providers are key.

The Mental Health Burden

- 20% of children will have a mental health problem before graduating from high school
- 75% of mental health problems onset before age 18 years
- Most don't get any or only limited care
- Large burden, limited resources



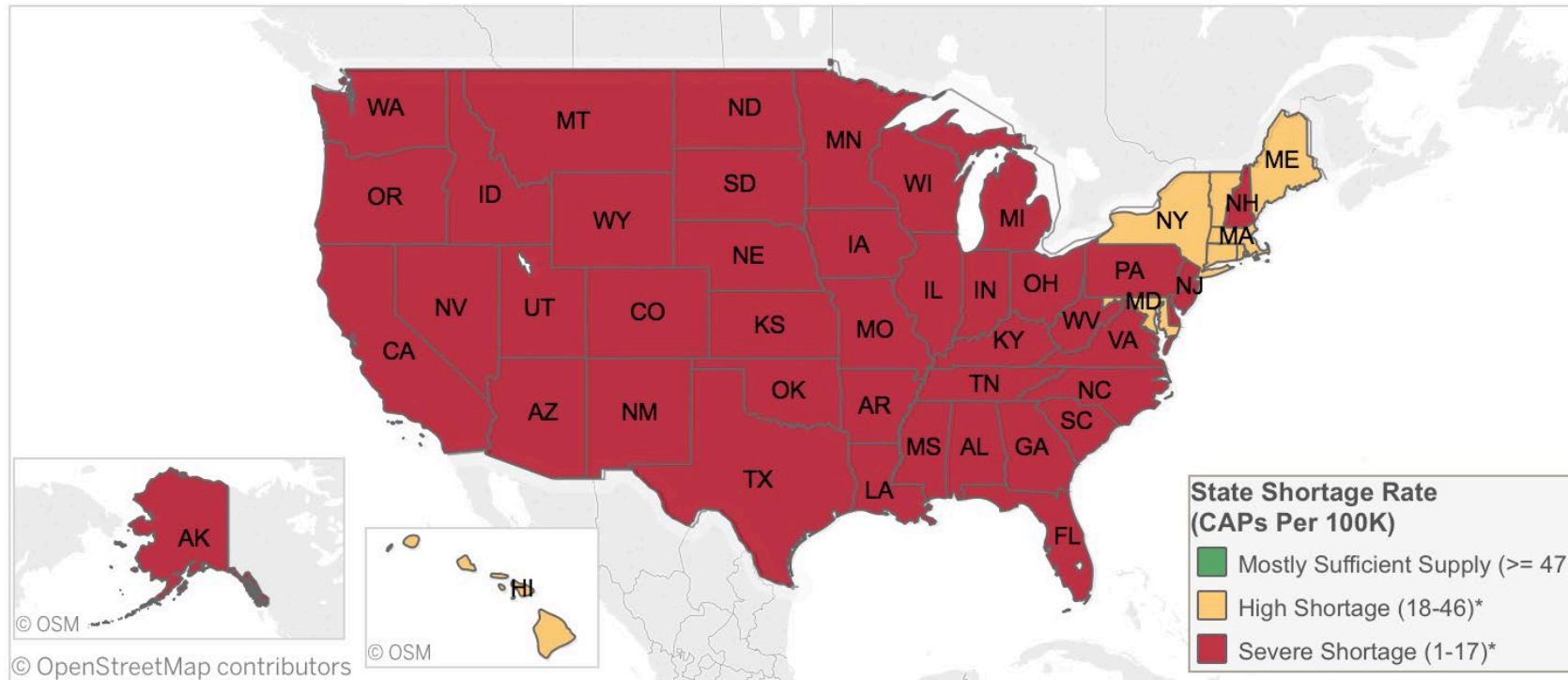
B Prevalence of not receiving care in children with mental health disorders



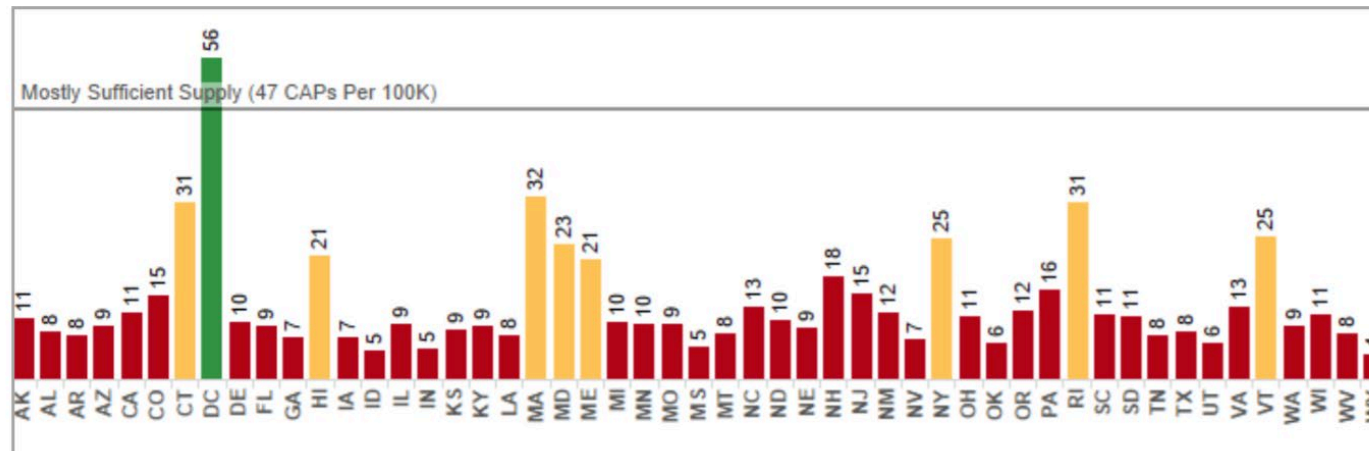
Prevalence quartiles, %
 29.5-41.3 41.4-46.6 46.7-53.1 53.2-72.2

B, State-level prevalence presented as quartiles of children with a mental health disorder not receiving needed treatment or counseling from a mental health professional (weighted estimate, 7.7 million).

Rate per 100,000 children age 0-17



State CAPs per 100,000 children age 0-17



Behavioral Health

- For all human functions there is a healthy form and a not so healthy form.
- Different mental health providers and systems vary in understanding and approach to behavioral health.
- ‘Everyone is a mental health expert’ -

The Mind

- Intrinsic features of the mind
 - Perception cognition, memory, emotions etc
- Self-defining features – individual characteristics that we all share
 - Intelligence
 - Temperament/personality
 - Maturity
- Purpose driven activities (those behaviors that reflect how one functions)
 - Behaviors shared by all humans – sleep, eat, sex, capacity for intoxication
 - Behaviors which are unique to each human, but which reflect their wants, goals, and pursuit of their needs
- Experiences – how we shape the narrative of what happens to us

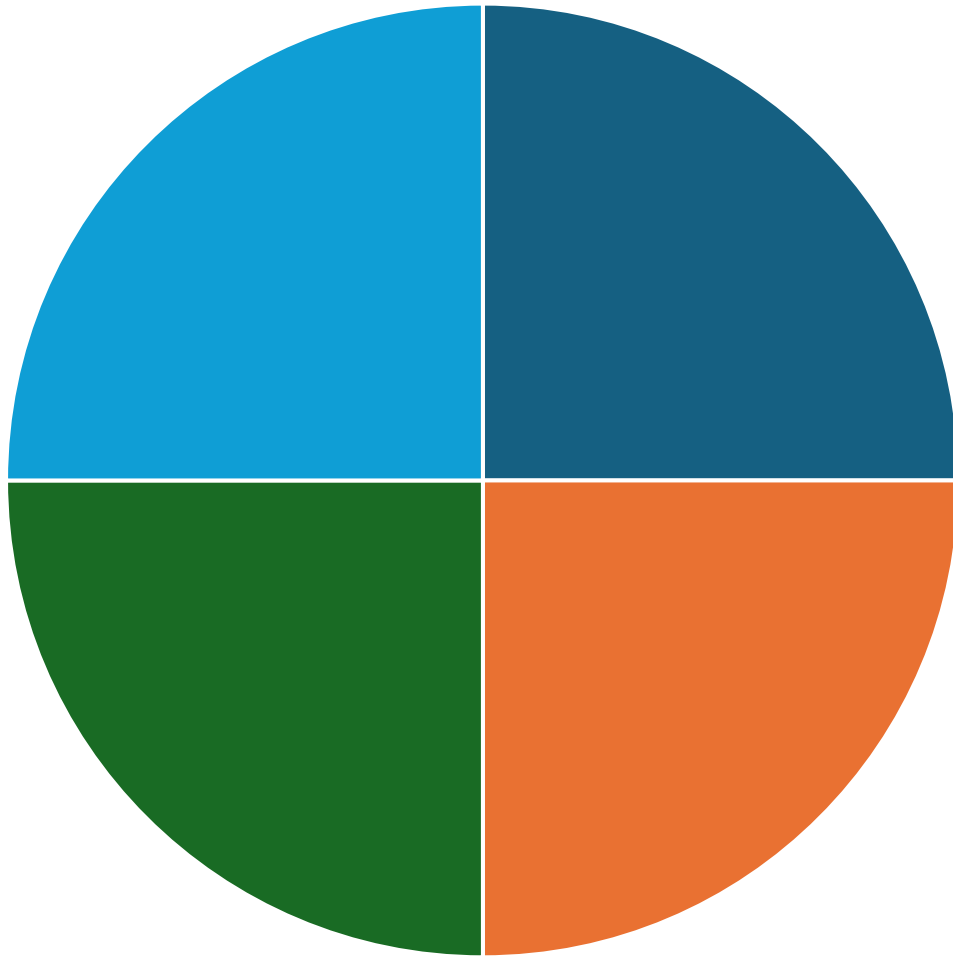
The Mind

- All the above characteristic of the mind can become problematic
- Intrinsic features (disorders)
 - Perception to hallucination
 - Memory to dementia
 - Affect to depression and mania
- Self defining features – individual constitutional factors at the extremes
 - Extroversion and introversion
 - Rigidity and instability
- Purpose driven behaviors
 - Sleep too much or too little
 - Eat too much or too little
 - Truth to lies
 - Earn to steal/cheat
- Experiences
 - Do our narratives hold us back or do they empower us into the future?

Types of Mental Health Problems

- Disorders – “What someone has”
 - An appropriate domain for categories
- Constitutional differences – “Who someone is”
 - The interaction of strengths and challenges with the environment (dimensions)
- Problem behaviors – “What someone does”
 - Functional domains that can become perturbed by experiences
- Problematic narratives – “How someone has experienced their environment”
 - Everyone has a narrative that shapes their concept of self and their view of the world

% of the Clinical Population You See



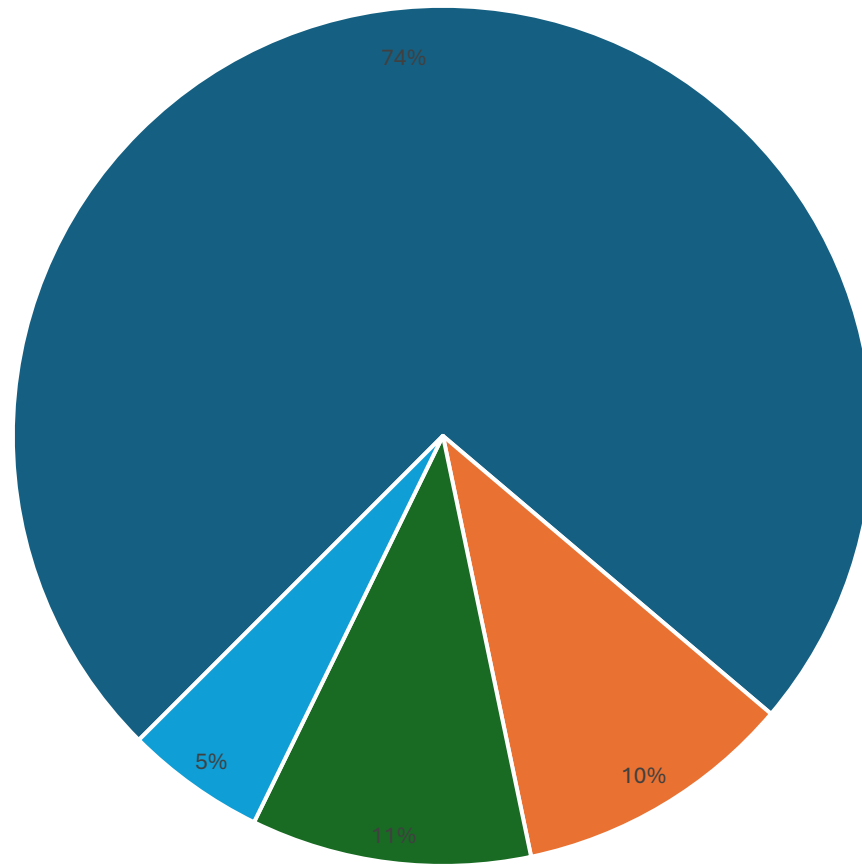
■ Disorders

■ Constitutional Factors

■ Behaviors

■ Environmental Factors

How do you see your clinical population?



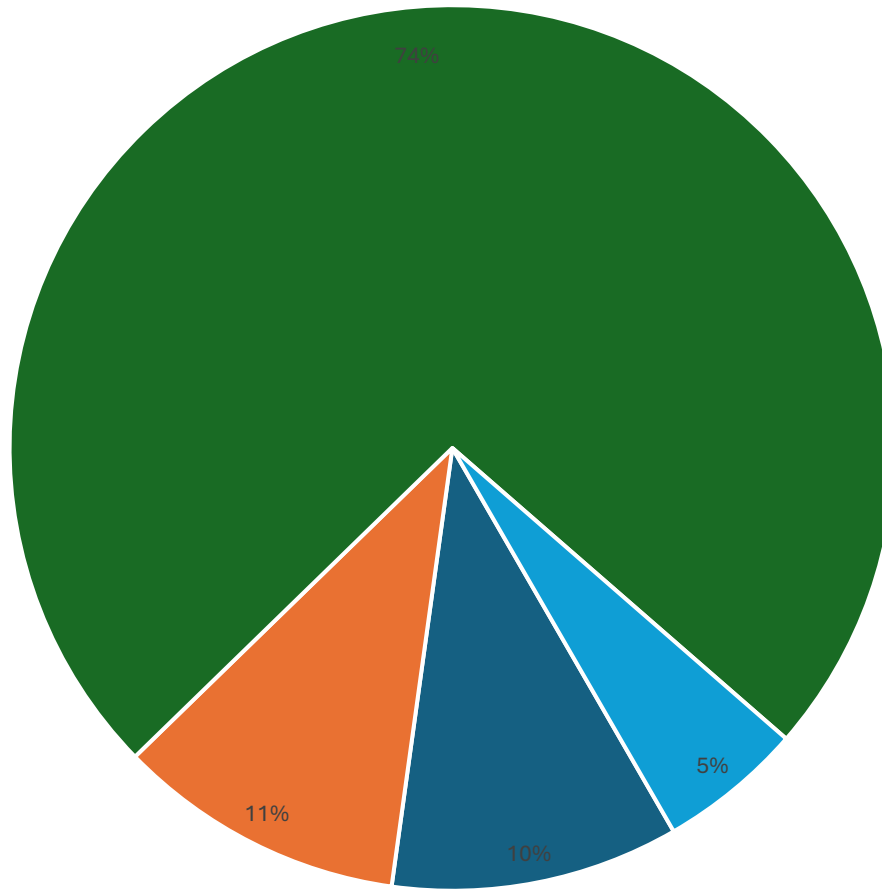
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How do you see your clinical population?



- Disorders
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How do you see your clinical population?



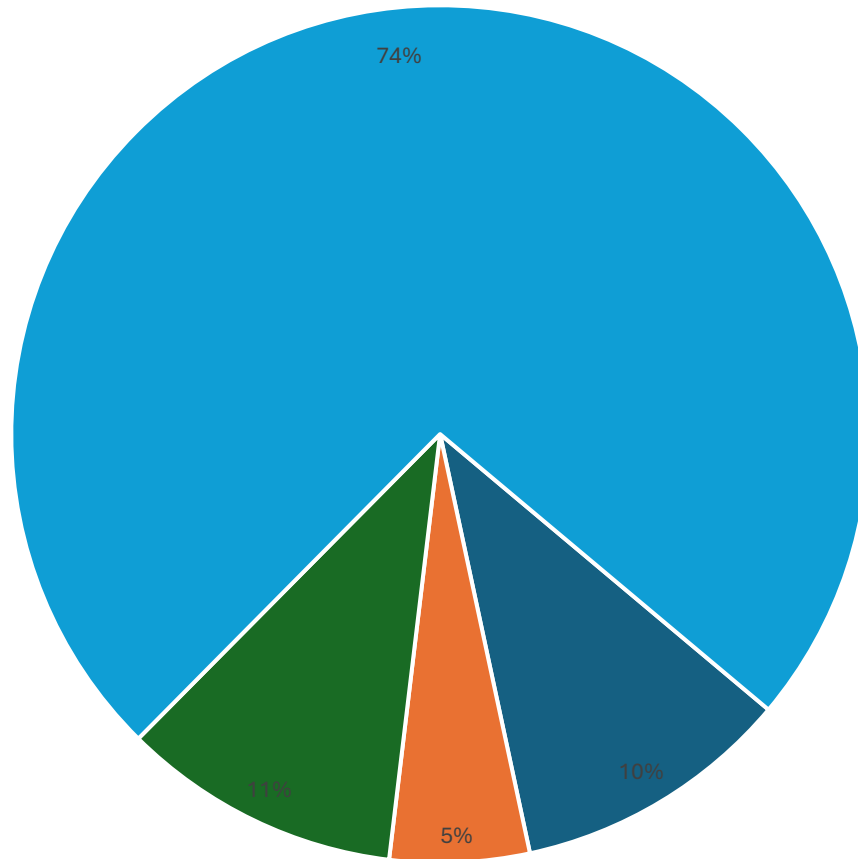
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'How do you see your clinical population?'



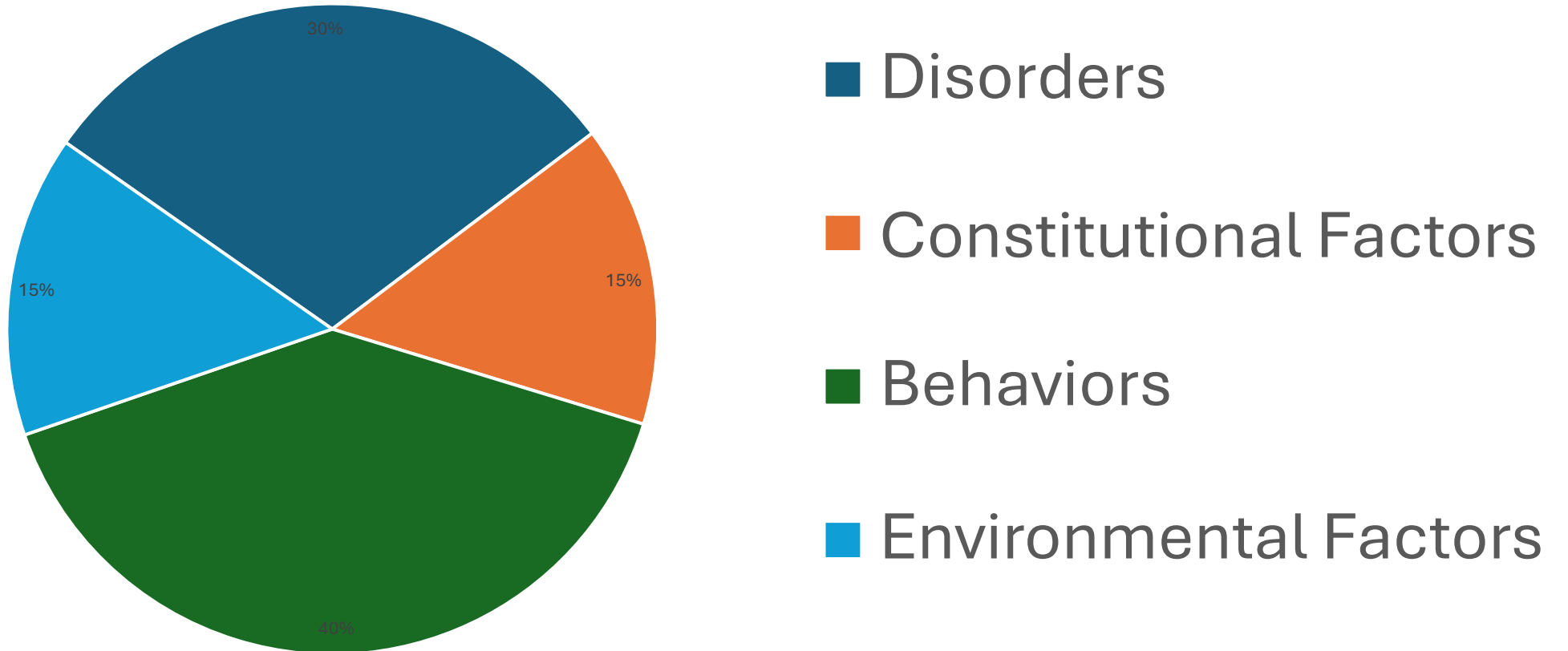
■ Disorders

■ Constitutional Factors

■ Behaviors

■ Environmental Factors

How Does Walkup Look At the Clinical Population?



Barriers to Delivering Mental Health Care

- Stigma
- Access
- Knowledge gaps and variation in practice (Quality)
 - Deep investment in antiquated models of care
 - Difficulty disseminating evidenced based practice
- Fragmented efforts and lack of effective partnerships

Meeting the Need and Closing the Gap

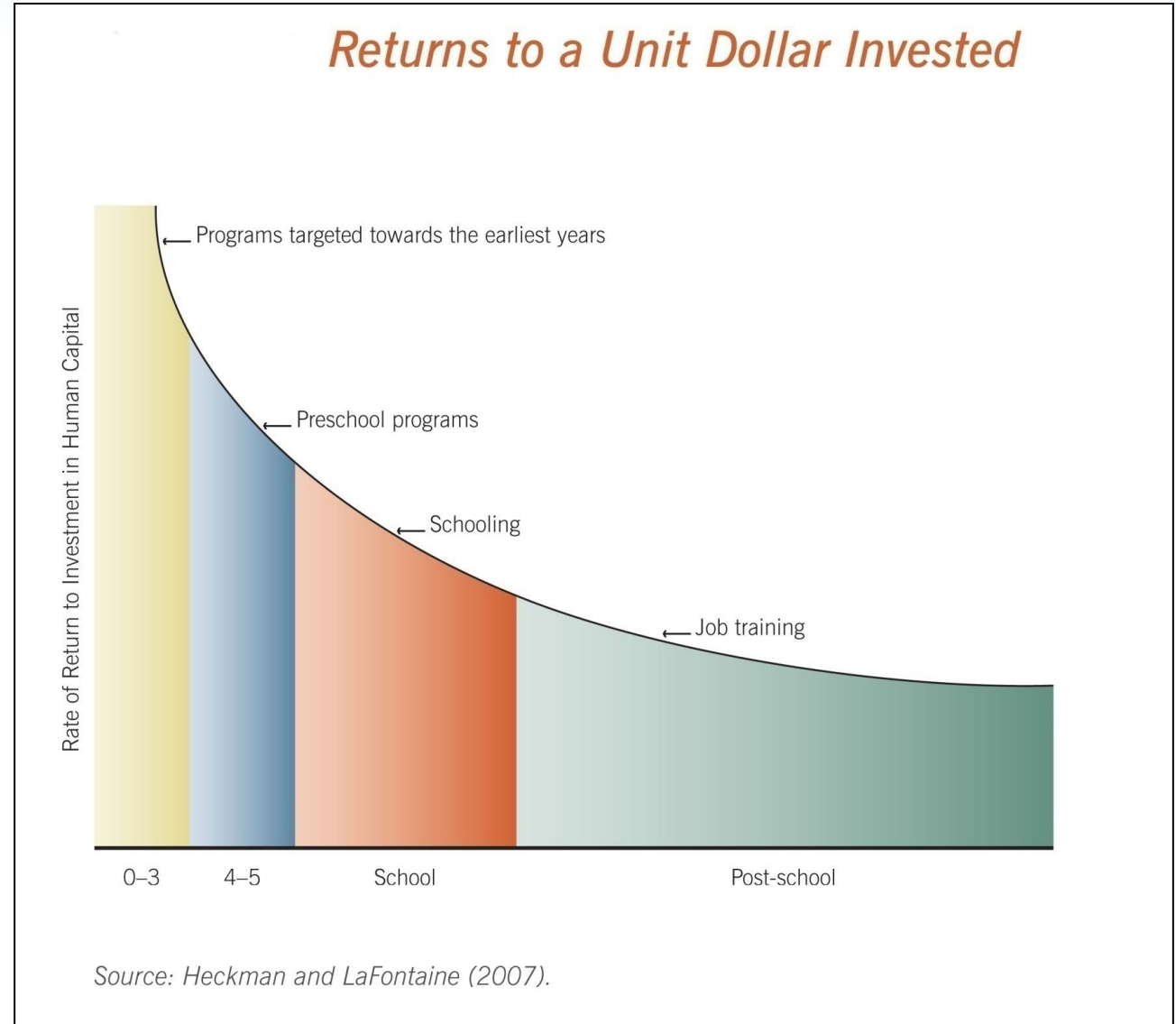
- Increase the work force
- Improve parity and payment
- Integrated or collaborative care in pediatrics

Why am I optimistic?

- We have very good evidence-based treatments
- We know critical risk factors early (“first well baby visit”)
- We know when psychiatric disorders begin
- We must target risk for psychiatric disorders AND social determinants of health

Children's Mental Health Today

“Many of our social problems, such as crime, are traced to an absence of the social and emotional skills, such as perseverance and self-control, that can be fostered by early learning.” --James Heckman, Nobel Prize Winning Economist



“Mental health awareness needs to be integrated into all aspects of health and social policy, health-system planning, and delivery of primary and secondary general health care.”

Prince M, Patel V, Saxena S, Maj M, Maseko J, Phillips MR, Rahman A. No health without mental health. Lancet. 2007 Sep 8;370(9590):859-77.

What will the Solution look like when we have been successful...

- Start early
 - Pregnancy?
 - First 'well baby' check?
- Who will do it?
 - Integrated OB, peds, mental health teams and our community partners
- What to do?
 - Family history screen
 - Family readiness for parenting
- What to do with that information?
 - Stabilize home environment and
 - Personalize screening of children based on family history
 - Evidence based interventions to prevent and pre-empt mental health problems
 - Personalized medicine for those with mental health problems

In the Medical Setting

- Primary Care Practitioners
- Subspecialty Pediatrics
- ED
- Inpatient

Pediatricians and Pediatric Providers

- “Will see more kids with psychiatric disorders than I will every see”
- Interact with affected kids and families but not aware of what “it is”
- “Pattern recognizers”

Pediatricians and Pediatric Providers: How to

- Afraid, but willing
- Start with easy and work from there..
- Back-up by child psychiatry
- Expand capacity overtime, less need for back up
- “Champions” change the culture and train others

Summary

- Large burden, perhaps limitless
- Lots of challenges
- Shortage of mental health specialists
- Models for “task shifting” at all levels
- Pediatricians and pediatric provider's logical next step
- “Explosive” dissemination

SAINT LOUIS CHILDREN'S HOSPITAL SUPPORTING YOUTH MENTAL HEALTH SERVICES

TOM SAGGIO
DIRECTOR BH OPERATIONS



Learning Outcomes

- Understand Saint Louis Children's Hospital (SLCH) behavioral health volumes and interventions utilized to improve patient flow
- Describe changes made to modify the environment to promote safety
- Identify mitigation strategies to improve patient outcomes and reduce workplace violence
- Describe utilization of our Behavioral Assessment and Response Treatment (BART) team and the impact on patient outcomes

2022 STATISTICS

Employees

3,770

Physicians

1,147

Residents/Interns/Fellows

130

Net Revenue

\$914 million

Staffed Beds

350

Inpatient Admissions

12,432

Outpatient Surgery Visits

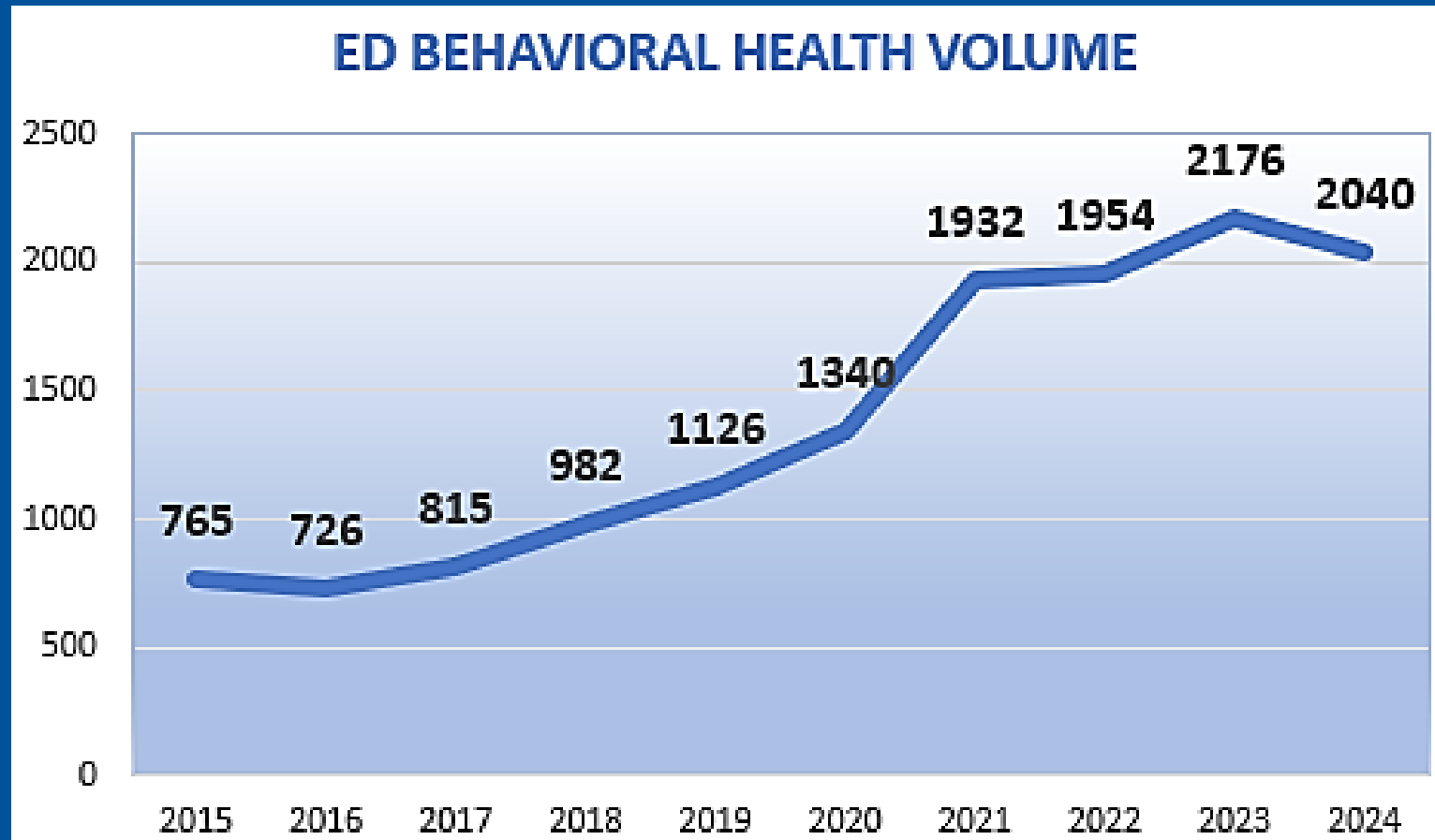
12,396

Emergency Dept. Visits

46,689



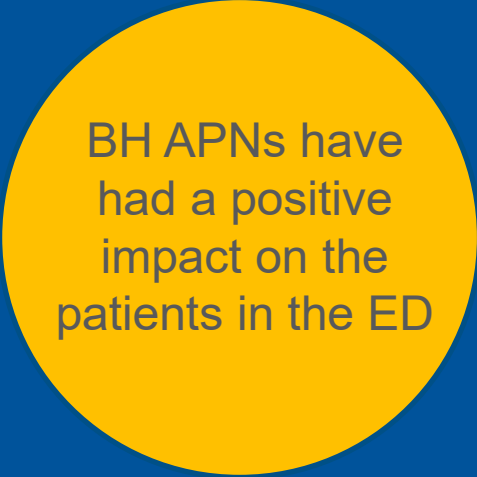
BEHAVIORAL HEALTH ED VOLUME PAST 10 YEARS



INVESTMENT IN RESOURCES

SLCH created new positions to manage increase in BH volumes

- **2 Additional Psychiatry attendings**
- **6 Behavioral Health APNs**
 - 7 Day a week coverage
 - 8am to 8am M-F
 - 8am to 6pm weekends
- **BH Leadership**
 - 1 Director level position
 - 1 Additional Manager
 - 1 Additional BH Educator
- **Creation of the BART team**
- **Creation of core ED BH staff**
 - BH RNs
 - Mental Health Techs

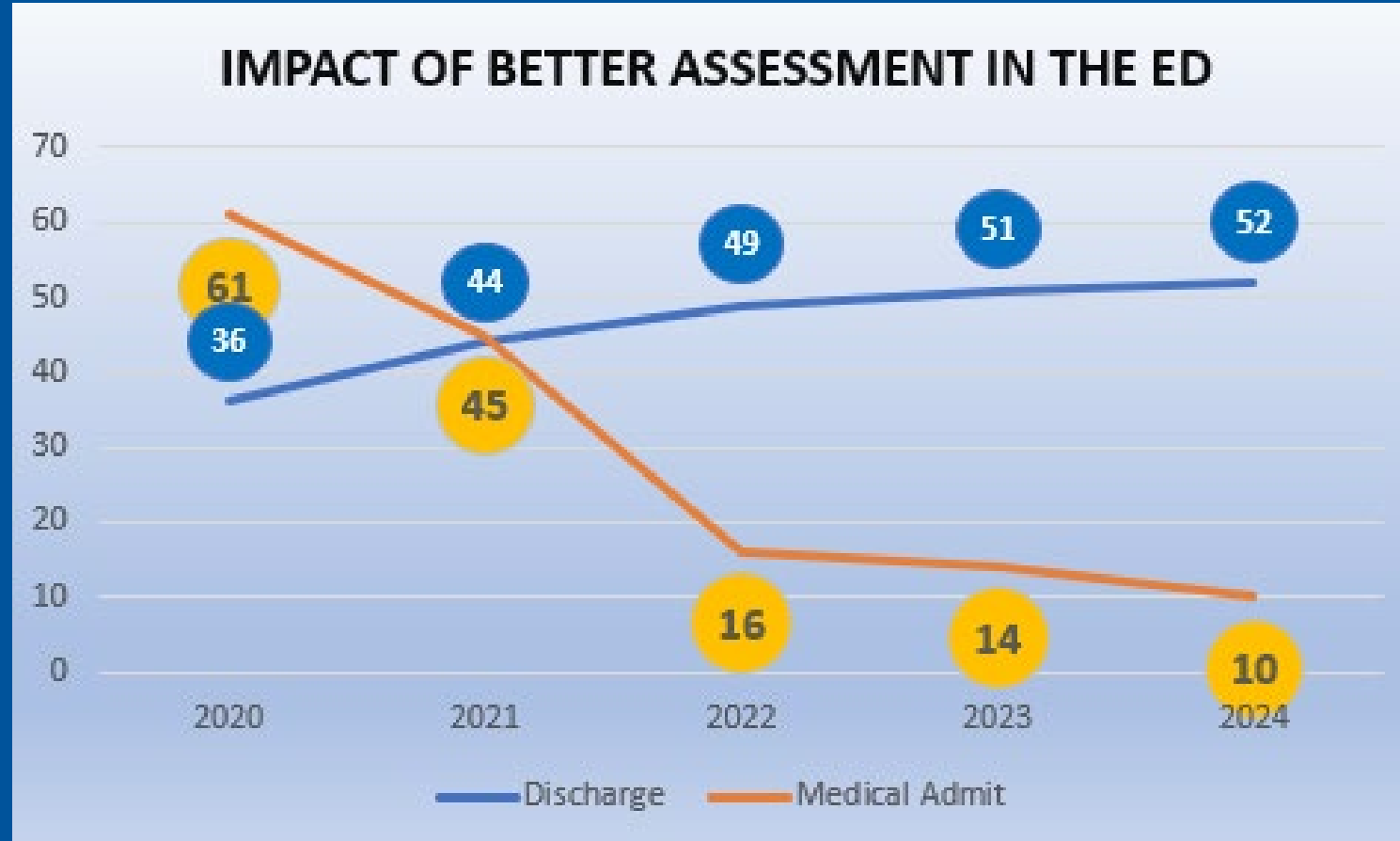


BH APNs have
had a positive
impact on the
patients in the ED

ADMISSION TRENDING PAST 5 YEARS

BH APNs

- Reassess BH patients daily
- Coordinate care with ED Attending
- Complete Stanley Brown Safety planning and Lethal Means Counseling



Data points are percentage of BH patients presenting to ED for service

ENVIRONMENTAL IMPROVEMENTS: ED 50's



- 5 private rooms
- 50's area utilized for BH patients to remove them from the noise and commotion of the main ED
- Utilize Violence Aggression Tool in Triage to help identify need for additional supports
- Utilize Broset scoring for ongoing measure of unit acuity.
- Have aligned PRN use with Broset scoring
- Staffed with BH RNs and PSAs
- Plan for a pod with an additional 4 "convertible" rooms end of 2025

PATIENT ROOMS



50's BATHROOM

- Located in the 50's area
- High level psych safer environment
- Always have an observer, even in the shower/bathroom



Opened fall 2019

- 14 beds
 - 2 Private
 - 6 semi-private
- Roommate+/- 3 years in age
- Same gender or gender identity
- Must be safe enough to have roommate
 - No homicidal ideation
 - Psychosis or aggression
- Treat acute behavioral conditions
- Must be able to benefit from milieu therapy
- Ave LOS: 5-7 days



Medical Floor Psych Preferred Improvements



- Identified 4 rooms on medical units to be designated as “Psych Preferred”
- Purchased BH preferred furniture and designated all rooms as private

Environmental Updates

- Created custom counter enclosures to prevent ceiling access
- Psych preferred hand sanitizer dispenser
- Psych approved sanitizer
- Foam bathroom door.
 - Detachable as needed
- Existing cabinetry screwed shut with psych approved screws
- Ongoing and annual Environmental Risk assessments of all BH areas



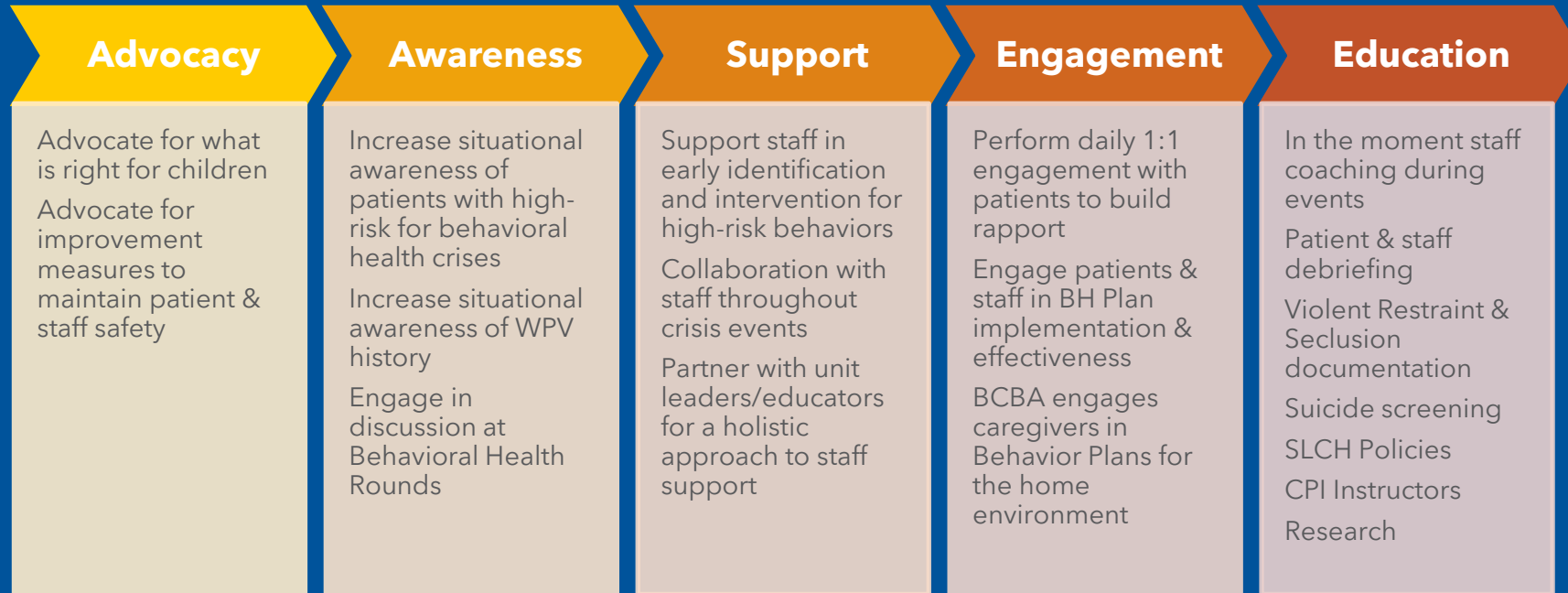
A team of experienced behavioral health professionals, including:

- Behavioral Health Nurses
- Behavioral Health Associates (BHAs)
 - Several trained as Registered Behavioral Technicians (RBT certification)
- Board Certified Behavior Analyst (BCBA)

Mission:

- Preserving the mission of SLCH by doing what is right for children, families, and staff members experiencing behavioral health crises and/or workplace violence events.
- Collaborating to support the patient, family, and staff members in the moments before, during, and after a behavioral health crisis.

PRIMARY RESPONSIBILITIES OF THE **BART** TEAM



- Respond to escalated patient events. Direct other staff responders and verbally deescalate the patient. Leader in post event debriefing
- Engage the patient in therapeutic activities, ensure staff understand and can adhere to the behavioral plan

HOW THE BART TEAM HELPS MEDICAL FLOOR STAFF AND PATIENTS

- Prevention & Ongoing Support
- Proactive rounding & collaboration to identify potential high-risk patients & behaviors
 - Be a resource to answer non-urgent BH questions
 - Facilitate therapeutic patient engagement
 - Assist in ensuring regulatory documentation compliance for BH patients
 - BCBA- creation of BH plans, care coordination & family involvement
- Collaboration with BH & Med floor leadership to identify education & process improvement

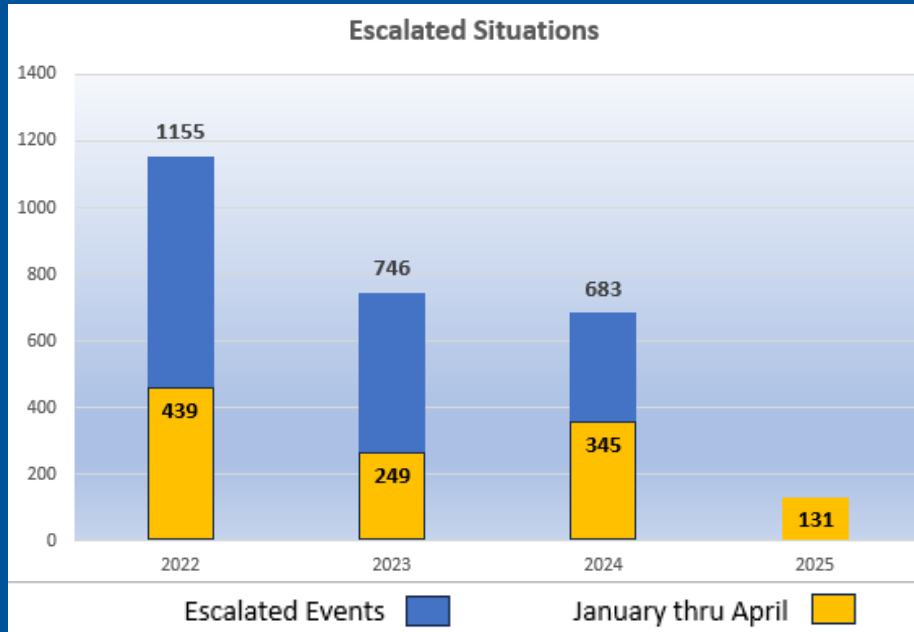
When should I consider ordering a BCBA Consult?

- **Creation of a Behavioral Plan:**
 - Can be initiated for longer stay in ED
 - Can be initiated for BH Admission to medical unit
 - Can be initiated for transfer from PBHU to medical unit
 - Can be initiated for medical patient with BH concerns (direct admit)
- **Kids with ASD/ Developmental Delay**
 - Improve social skills
 - Improve communication
 - Improve daily living skills
- **Tolerance training**
 - Medical devices



Consults will be completed as soon as possible. There are no BCBA services on weekends or holidays.

IMPACT ON ESCALATED PATIENT EVENTS



An OSHA recordable injury or illness is a work-related incident that meets the following criteria:

General Recording Criteria:

- Results in death
- Causes loss of consciousness
- Results in one or more days away from work (including restricted work or job transfer)
- Requires medical treatment beyond first aid
- Involves a needle stick or sharps injury with exposure to blood or other potentially infectious materials

NEXT STEPS

- ED renovation to create a 4 room pod that will include all convertible rooms for behavioral health patients.
- SLCH and KVC entered a joint venture to build a 77-bed acute pediatric inpatient facility
- Will include IOP, PHP and wraparound services
- Will open for service 4th quarter 2026



CONTACT INFORMATION

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Discussion

Q & A

AHA Resources

Maternal and Child Health



OUR SHARED GOAL

Eliminate preventable maternal mortality and reduce morbidity related to pregnancy and childbirth.

Visit <https://www.aha.org/mch>



Better Health for Mothers and Babies Initiative

Explore practical strategies and resources for improving pregnancy and infant outcomes throughout the perinatal period.



Child and Adolescent Health

Discover how hospitals are caring for kids to give them a healthy start so that they can thrive throughout their lifetimes.



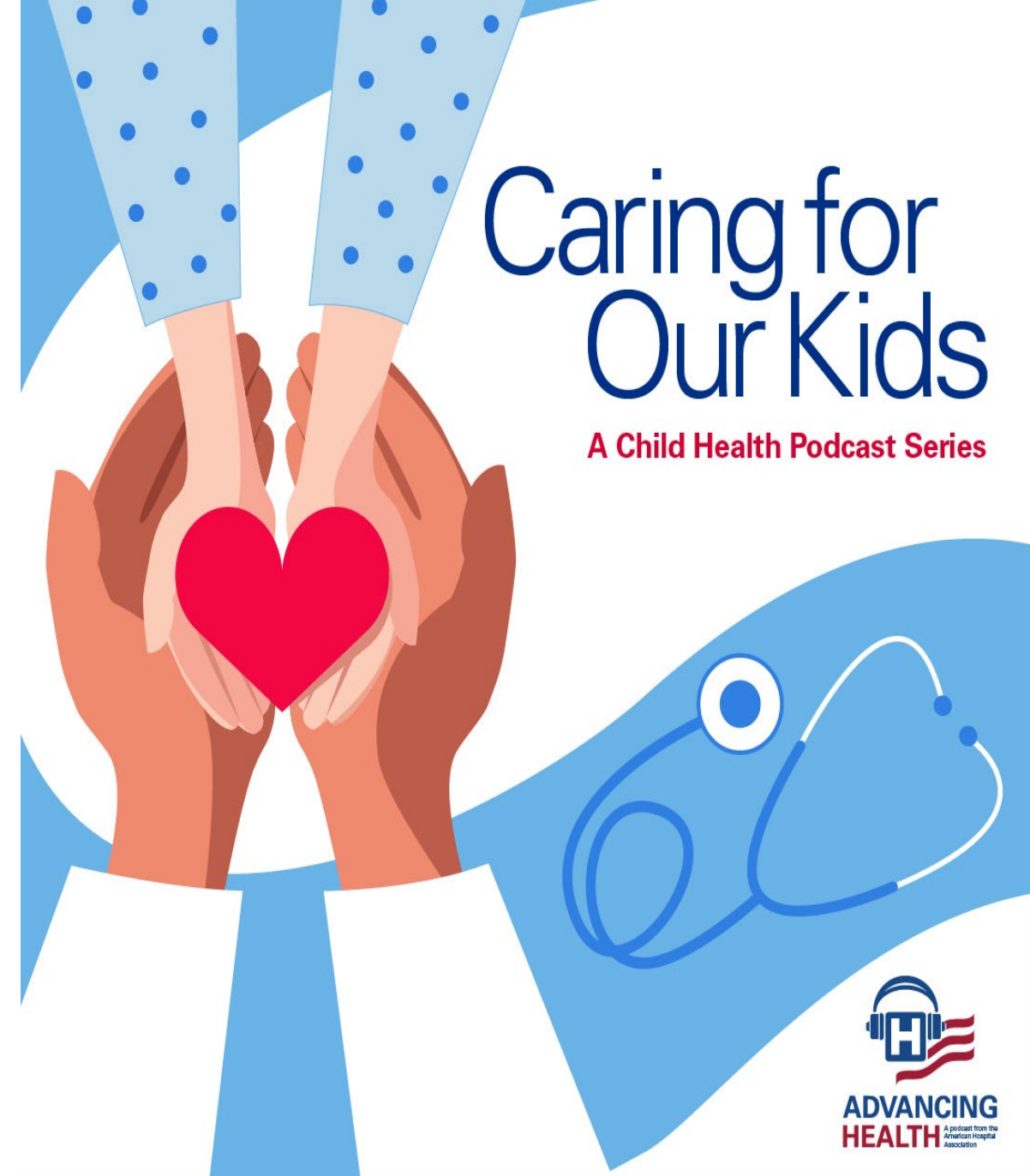
Advocacy and Policy

Learn about policy and regulatory changes that affect health care organizations' ability to provide and improve maternal and pediatric care.

Caring for Our Kids

4-part podcast series explore how pediatric hospitals are meeting the needs of their communities and shares first-hand experiences from patients and families.

- [Texas Children's Pediatric Cancer Survivorship Program Delivers Lifelong Care](#)
- [Children's Colorado is Meeting the Needs of Medically Complex Patients](#)
- [How OHSU is Addressing Psychosocial Needs in Complex Pediatric Patients](#)
- [Raising St. Louis is Helping Families Thrive](#)



Better Health for Mothers and Babies Initiative

Webinar Series

This webinar series will showcase stories of how hospitals and health care organizations are putting each BHMB core principle into action.

1

[Transforming Data into Action to Improve Maternal Health](#)

2

[Maternal Care to Address Disparities](#)

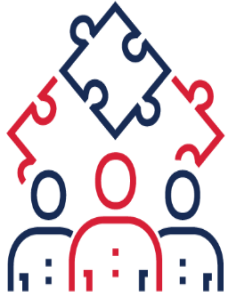
AHA Behavioral Health Initiatives

Strategic Priorities | 2020 - 2025



Integration

Increase hospitals and health systems' integration of physical and behavioral health services in acute inpatient, emergency department, and primary care. **(NEW RESOURCES!)**



Community Partnerships

Further initiatives by hospitals and health systems, community partners, social service agencies, and others to expand access to a continuum of behavioral health services in a region.



Stigma Reduction

Reduce stigma and deaths of despair, while addressing the unique stigmas of specific age groups, cultures and other demographics.



Suicide Prevention

Prevent suicide through behavioral health initiatives, awareness and intervention.

Focused Initiatives



Rural Behavioral Health



Maternal Mental Health



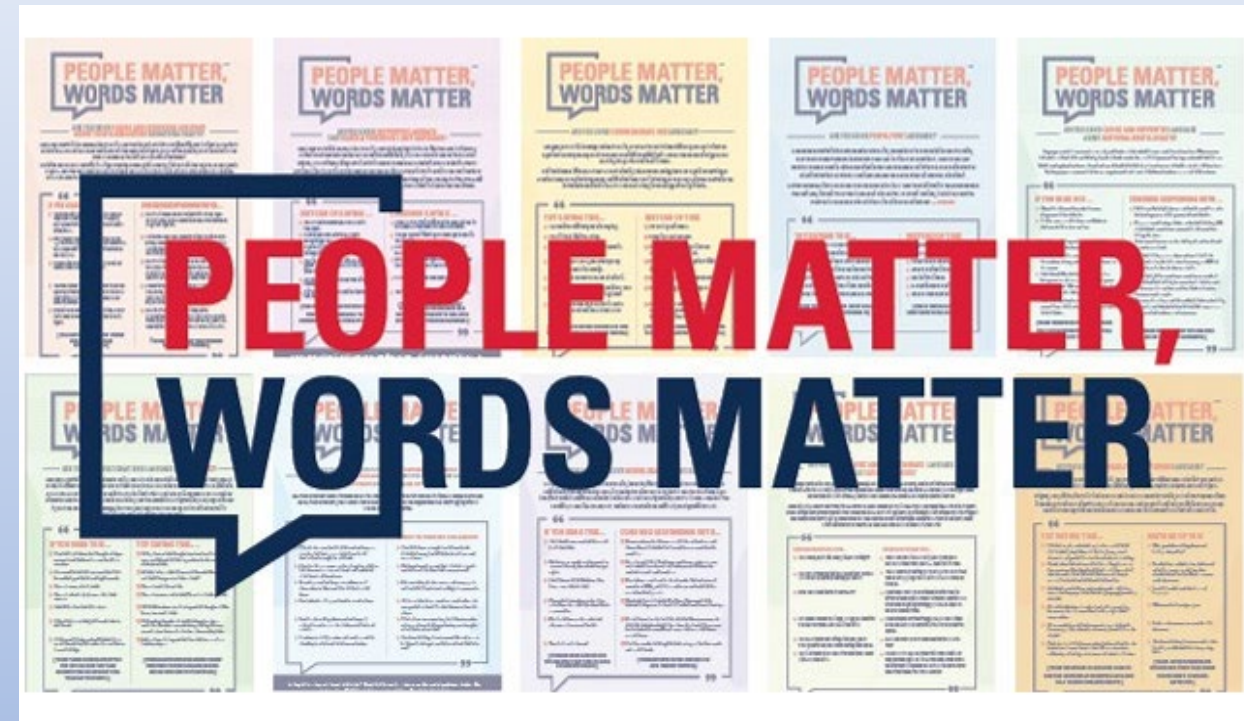
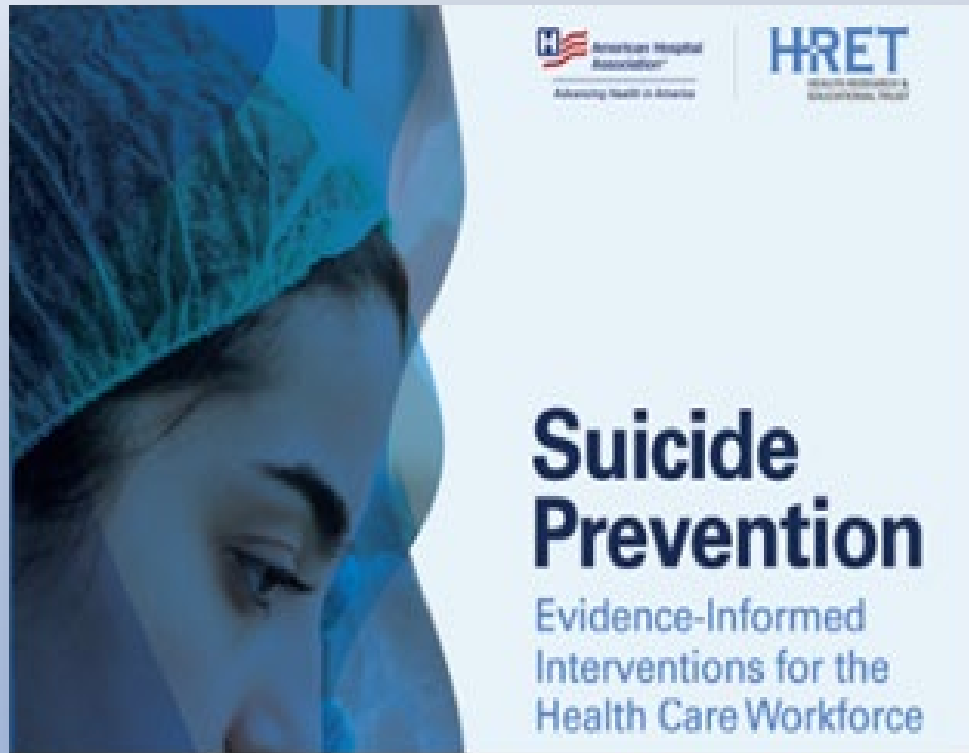
Child and Adolescent Mental Health



www.aha.org/behavioralhealth

**How Hospitals Can Support
Older Adults' Behavioral Health**

AHA Behavioral Health: Examples of Impact Capacity



Tens of thousands downloaded

How to keep up with all this?

AHA's Monthly Behavioral Health Update





Behavioral Health

NEWS UPDATE

May 2025

[View this email as a webpage](#)

SPOTLIGHT | Mental Health Awareness Month

May is

Mental Health Awareness Month



[Visit \[aha.org/mental-health-awareness-month\]\(https://aha.org/mental-health-awareness-month\) for more information.](https://aha.org/mental-health-awareness-month)

As Mental Health Awareness Month, May is a time to raise awareness of and reduce the stigma surrounding behavioral health conditions, as well as highlight the ways mental illness and addiction can affect all of us — patients, providers, families and our society at large. As part of its long-standing commitment to supporting all organizations that work in the realm of behavioral health care, the AHA supports the integration of behavioral and physical health and will continue to help hospitals as they play key roles in establishing partnerships and programs to ensure access to the full continuum of behavioral health care for all who need it.

In recognition of Mental Health Awareness Month, the AHA has created a new [infographic](#) that shares statistics about how behavioral health care needs change in an aging population and refreshed its [website](#) highlighting the important roles hospitals and health systems play in behavioral health care. The site features curated resources from the AHA and other organizations addressing the importance of behavioral health

ADVOCACY

AHA-supported bipartisan legislation introduced in House and Senate would protect health care workers from violence

The Save Healthcare Workers Act ([H.R. 3178/S. 1600](#)) — bipartisan legislation that would make it a crime to assault hospital workers, similar to the current federal law protecting airline and airport workers — was introduced May 6 in the House and Senate. AHA released a [statement](#) supporting the Act, saying "Every day, health care workers bravely serve our communities, providing lifesaving care often under stressful circumstances. It is unacceptable that these dedicated caregivers regularly face the threat of violence while working to help patients heal."

Respond to OMB Request on Deregulation

The Office of Management and Budget April 11 released a [notice](#) seeking public input on rules to potentially be rescinded, requesting detailed reasons for their rescission. OMB seeks comment on regulations that are "unnecessary, unlawful, unduly burdensome, or unsound," with final comments due to OMB May 12, 11:59 p.m. ET. Comments can be submitted using at <https://www.regulations.gov>.

Action Alert: Urge lawmakers to reject Medicaid cuts, protect access to care

The AHA April 14 released an [Action Alert](#) asking hospital leaders to meet with their senators and representatives to explain to them how cuts to Medicaid and other programs would reduce access to care and services for patients in their communities, and provided new infographics and resources to support your advocacy efforts.

Additionally, the Coalition to Strengthen America's Healthcare — of which AHA is a founding member — April 3 launched a new [advertising campaign](#) highlighting recent comments by President Trump reaffirming commitments to protect Medicaid and calling on Congress to protect it from funding cuts.

AHA asks Senate, House leaders to protect health care coverage

The AHA April 29 [urged](#) majority and minority leaders in both the Senate and House to not make disruptive policy changes to Medicaid and other coverage options and to extend enhanced premium tax credits that are set to expire at the end of the year.

The AHA has released several [new resources](#) on Medicaid for hospitals and health systems to educate community leaders and members of Congress to help protect against

AHA NEWS AND RESOURCES

Telling the Hospital Story: By speaking a common language — addiction — peers are aiding patients with SUD

Sometimes the best person to help with recovery from substance use disorder is someone who has shared the same struggles. At two Massachusetts hospitals, peer recovery specialists are [key motivators](#) in helping patients overcome SUD.

Telling the Hospital Story: New addiction center innovates care for Substance Use Disorders

The Kahlert Institute for Addiction Medicine at the University of Maryland School of Medicine [integrates](#) SUD training into medical school curricula, as many people with SUD do not seek help in a behavioral health setting. All physicians who graduate from the University of Maryland medical school will have baseline experience in recognizing and treating SUD.

AHA Market Scan: 3 ways AI could aid behavioral health screenings

Using [artificial intelligence \(AI\)](#) to supplement traditional behavioral health screenings is gaining momentum in primary care. Several recent developments worth noting are [predicting risks](#) and potential causes of adolescent mental illness, [reducing readmissions](#) by screening for opioid-use disorder and comparing the use of [AI therapy chatbots](#) versus standard cognitive therapy.

AHA Market Scan: AHA's DataQuery AI™

With the emergence of generative AI, the dynamic of access to information is shifting. [AHA DataQuery AI™](#) is building on the AHA's [annual survey data](#), offering insights into more than 6,200 hospitals and 400 health systems. The survey includes over 100 questions related to treating behavioral health conditions.

AONL news: 'Zero Suicide Model' in hospitals reduces patient suicides

Hospitals can [decrease suicides](#) and suicide attempts through patient screening, safety planning and mental health counseling, according to a study. For additional resources on suicide prevention [click here](#).

Podcast — Postpartum Mental Health: Breaking Stigma with Women & Infants Hospital

In this AHA Advancing Health [podcast](#) for May 7 World Maternal Mental Day, Women & Infants Hospital's Shannon Sullivan, president and chief operating officer, and Caron Zlotnick, Ph.D., director of behavioral medicine research, discuss the stigma surrounding maternal mental health, the challenges new mothers face, and the innovative programs that are having success in maternal well-being and postpartum depression prevention.

Share your Feedback!

<https://forms.office.com/r/ARWQSZNDgZ>

Thank You!

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