



SUN Behavioral Health
Solving Unmet Needs

Adolescent Mental Health - An Overview

Growing up is an uphill battle at times. While it's not uncommon for the average adult to brush aside the feelings of children, many facets of maturing and puberty can take a toll on our youth, especially if they're not properly prepared to handle it. Not only does school and the need to perform well add pressure, but peers and social media sway their opinions about others and themselves. Mental health has become less stigmatized in the past twenty years, but to what degree do we still need to improve? Have we been adequately providing for our youth in regard to their mental health?

A study conducted from 2013-2019 aimed to look at the changes in youth mental well-being.

**Overall approx
7/100,000 people aged
10-19 died by suicide in
2018 and 2019**

What factors have been preventing children from getting the care they need? Is it on a parental level, a societal level, or a combination of the two? Here at SUN Behavioral Health in Kentucky, we want to help our community better itself. This includes people who haven't, and may never, walk through our doors. Part of addressing community concerns includes looking at the root of some issues of childhood experiences. If we're able to address concerns at a younger age we can prevent future, long-term damage. Let's dive further into the most common sources that impact a child's mental health and see what the studies show.

AGES 2-8:
17%
are diagnosed with either a
**MENTAL,
BEHAVIORAL,
OR
DEVELOPMENTAL
DISORDER**

AGES 3-17:
9.8%
were diagnosed with
ADHD

10%
had received
**MENTAL
HEALTH
SERVICES**

7.8%
had taken
**MEDICATION
FOR MENTAL
HEALTH**
within the past year

AGES 12-17:
20.9%
reported experiencing
at least one
**MAJOR
DEPRESSIVE
EPISODE**

25%
had received
**MENTAL
HEALTH
SERVICES**
during the past year

HIGH SCHOOL-
AGE STUDENTS:
36.7%
reported feeling
persistently
SAD
OR
HOPELESS

18.8%
**SERIOUSLY
CONSIDERED
ATTEMPTING
SUICIDE**

Family Dynamics and Mental Health

Maybe you've heard the term "nature vs nurture" before. If you haven't, it discusses how much your health, both mental and physical, is impacted by genetics versus how much it's impacted by your environment. When discussing mental health, nature and nurture can play a large role in determining if someone might develop a mental health concern.



Let's look at nature first. How much do genetics affect mental health?

Certain conditions, such as ADHD and autism, are something a person is born with. Just because someone is born with something, however, doesn't always make it genetic. **Studies show that if a child is diagnosed with ADHD**, the odds are that at least one other family member also has ADHD.

There are also links between alcoholism and genetics. While this doesn't mean that any child with an alcoholic parent is guaranteed to also have an alcohol use disorder, it does mean that it's something they might want to look for as they get older.

When it comes to "nurture" and mental health, this factor has a large impact as well. For children, the "nurture" aspect is primarily their home environment, their school environment, their friends, and any extracurricular activities they're in.

With the home environment, for an adolescent, other factors outside of it can still have an influence. This can range from the community around them to religion and family values. Unfortunately, there are still stigmas surrounding mental health and receiving treatment for it. Do these always come from the same place?

There was a study done on rural versus urban Kentucky and what most contributed to the stigma and decision-making process around mental health. While many of the stats were similar, some of the differences were telling as well.

Source of Stigma	Which Noted a Higher Rate from the Source
Media	Urban
Community	Rural
Heritage	Urban
Family	Urban
Religion	Rural
Peers	Urban

One of the best ways to reduce stigma is to provide continued education regarding stigmatized topics. Here at SUN Behavioral Health in Kentucky, we provide free, informative articles involving all matters pertaining to mental health and substance use disorders (SUDs). We hope that offering these easy-to-access resources will help people further understand mental health and SUDs and continue to eliminate barriers to treatment for those who need it.

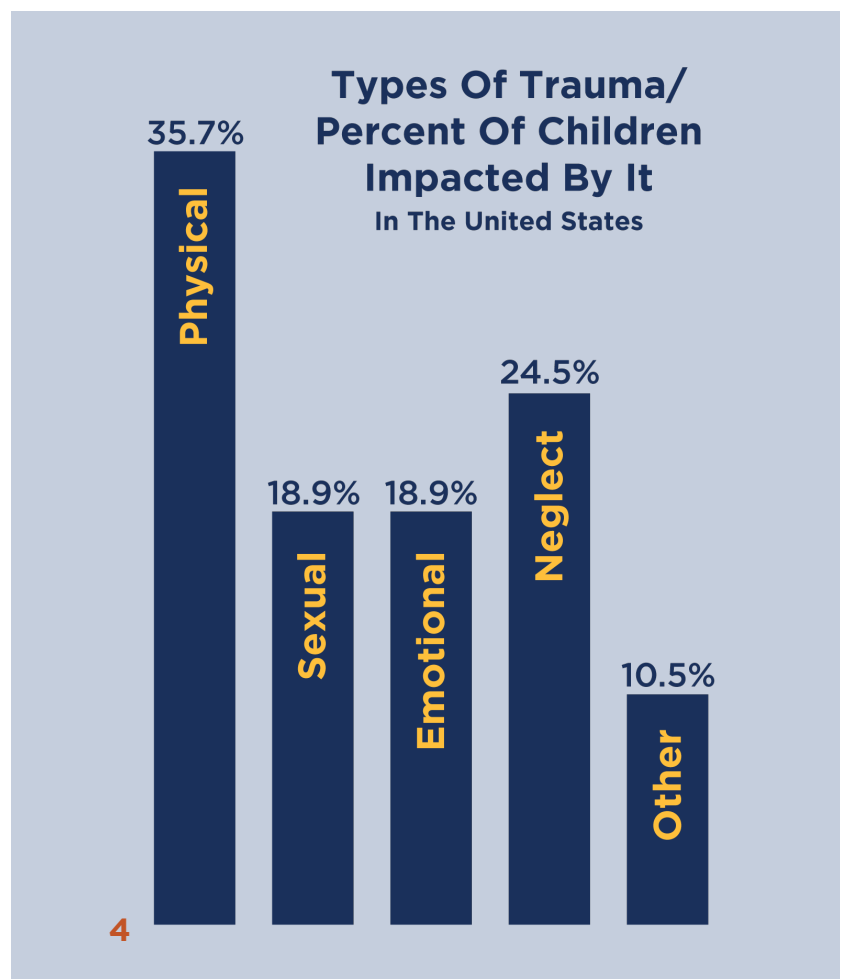
The State of Youth Mental Health in Kentucky

Knowing what the current state of mental health looks like, how does Kentucky measure up? **A study across the US looked to address the disparities between states when it comes to mental health.** It was measured up against 7 different standards:

- ☀️ How many youths who had at least one major depressive episode (MDE) in the past year
- ☀️ Had a substance use disorder in the past year
- ☀️ Had a severe MDE
- ☀️ Had an MDE and didn't receive mental health services
- ☀️ Had a severe MDE and received some consistent treatment
- ☀️ Children with private insurance that didn't cover mental health
- ☀️ Students who had an emotional disturbance and who had an individualized education program.

Combining these seven categories, states were ranked from 1 to 51. The lowest number was attributed to those who had mild mental illness and high access to care, and the highest number pertained to those who had high rates of mental illness with lower access to care. Overall, Kentucky came out near the middle ranking at 24. The state coming in at number one was Pennsylvania, and the state coming in at number 51 was Nevada.

Overall, **35.6% of 12 to 17-year-olds in Kentucky** who have depression did not receive any care within the last year. The most common reason for children to receive care at an inpatient facility, **based on a study conducted in 2017**, is trauma-related reasons. The most prevalent causes of trauma shown in this study were as follows:

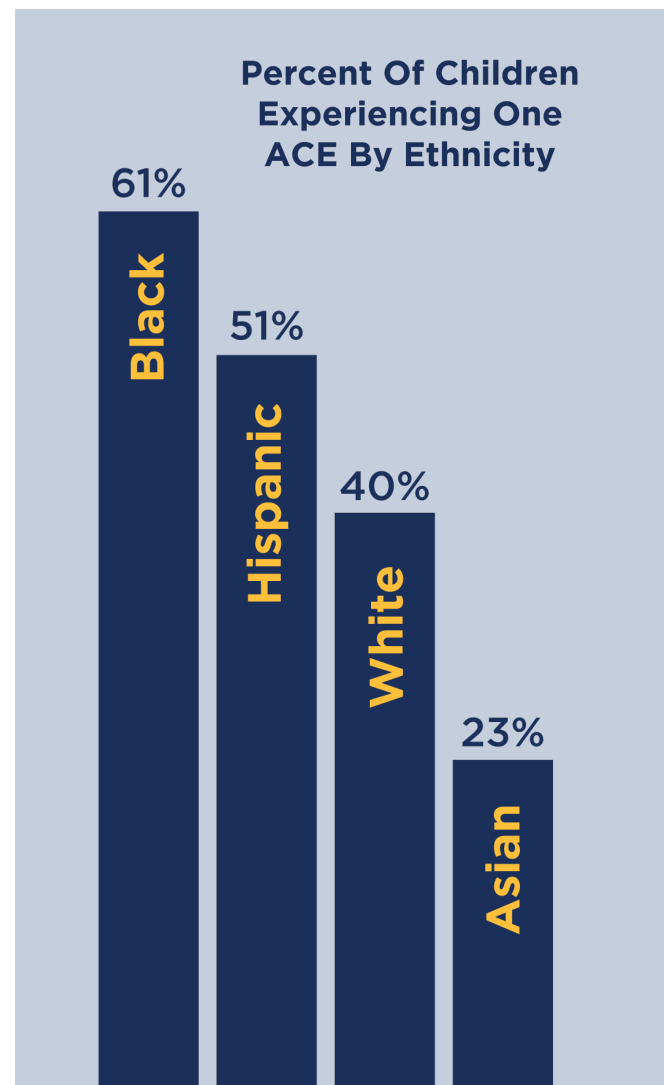


When trauma occurs within children, this can be known as an ACE, or an adverse childhood experience. In 2018, approximately **30% of children** were reported to have experienced at least one ACE. Experiencing an ACE **has been shown to increase the risk of developing chronic illnesses as well as increasing the risk of depression and alcoholism.** The more ACEs a child experiences, the greater their risk of negative effects. What are some of the common sources of an ACE?

- ☀ Abuse (emotional, physical, and sexual)
- ☀ Divorce
- ☀ Incarceration of a parent
- ☀ Domestic violence in the home
- ☀ Emotional and physical neglect
- ☀ Substance use disorders in the home
- ☀ Bullying
- ☀ Natural disasters
- ☀ Witnessing or experiencing acts of terrorism
- ☀ Community violence
- ☀ Wartime experiences

Even when the need for treatment is there, there can be other barriers in the way of children getting the help they need. People in Kentucky, for example, are **3x more likely to have to go out-of-network** for mental health care than they are for primary care.

There are things we can do, though. Not only are there changes that can be made within the child's life and environment, but there are still treatment options available to help them better manage their mental health independently.



The Impact of Covid on Adolescent Mental Health

When discussing the current state of adolescent mental health, we must also address the impact of Covid-19 on the children who had to live through it. How these children were impacted by it varied depending on age and the environment they were in during most of the lockdown.

Surprisingly, not all outcomes pointed to purely negative impacts regarding Covid. While it did impact social needs and the shift, in reality, created additional stress, the ability to be around family more and to try new skills and activities had many upsides, too.

Recent studies are already showing some of the outcomes that have been noted in our children. Not all of them are quantifiable in only numbers. For example, the increased amounts of screen time that stemmed from the pandemic and at-home schooling were found to correlate with hyperactivity/inattention in children and higher levels of depression and anxiety in older children and teens. Another study goes more in-depth about the correlation between the anxiety felt by the parents and how it affected the moods and needs of their children.

Learning Loss and Covid-19

Learning loss is not a new phenomenon. It often occurs during the summer when adolescents aren't in school for a period of time. "Learning loss" usually refers to the information that children forget regarding their curriculum during their summer vacation. What does it mean in regards to Covid, then?



Across many rural or impoverished communities, schooling wasn't always as easily accessible during some of the major portions of the lockdown. If you didn't have internet access or the means to go somewhere that did, many families were out of luck. While many steps have been taken by the government, schools, and communities alike to start providing cheap or free utilities and devices to families in need, this help didn't reach everyone.

Studies have started popping up relating directly to learning loss and covid. From March 2020 to June 2021 there was an average of 8 months of "loss" in mathematics among students as a whole.

What does this have to do with mental health?

These spikes in learning loss have been correlated to spikes in dropout rates, especially among older adolescents. Not only that but often time school work and the pressure to perform well in school, especially if a student feels they're falling behind, can heavily impact their mental health.

Needless to say, the aftermath of Covid and the lockdown are still being felt by many children and families. Knowing what impacted them most during this time can help them get a better idea of what can be done moving forward to improve their situations and mental health.

Extracurriculars and Mental Health

One of the problems that can impact mental health and substance use for all ages is loneliness. Introducing our patients to new hobbies and activities is one of the ways SUN Kentucky helps to combat that. This serves to show patients new ways to have fun and be engaged without substance use, and it can be a great way to meet new friends and build relationships.

This ideology applies to adolescents and children too. By finding extracurricular activities or sports for them to be involved in, we can encourage an environment where they can find happiness and form new friendships.

These activities don't just have to be sports, either. **Studies show** that things such as volunteering, scouting, art groups, sports, and even religious groups can help build bonds and support and allow for self-discovery, which can be a big part of any adolescent's life.

This is why we implement other skill-building and extracurricular activities into our treatment program. It builds confidence and connections during an already tumultuous time in their life. It can give them an outlet for their thoughts and feelings, through both physical activity and the friendships they build along the way.



Outside of School Walls - Summertime and More

While summertime can often be something that many children and adolescents look forward to, how does it impact mental health? Does it impact mental health?

As mentioned earlier, learning loss can occur during the summer while kids aren't in school. This revolves, primarily, around school-focused knowledge being forgotten during the off-season. While there aren't a lot of studies directly about summer and its impact on children mentally, there are still a few things we know about how it impacts them. For some children, the loss of routine and structure can greatly affect their mental health during summertime. For others, their home environment that they're now around more often in the summer can lead to negative effects as well. Finally, **studies have shown that increased amounts of unsupervised time for children** lead to unnoticed behavioral changes as well as increased feelings of loneliness and increased risks to their safety.

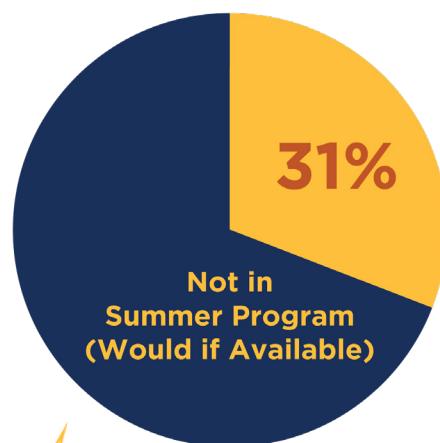
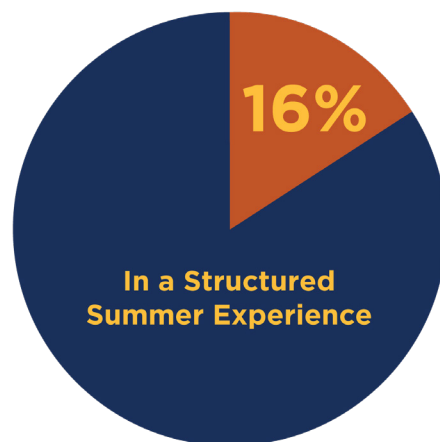
Teachers are one of the primary sources for referrals to mental health services for children and adolescents.

This is primarily due to teachers seeing children on a regular basis in a consistent environment. This makes it easier for them to notice behavior changes. In addition, some children might act differently at school than at home because of their home life. During summertime, however, they're not around and are unable to help. If parents are busy with work, are not present, or are simply neglectful of their child and their mental health, who is there to help them?

About **16% of children in Kentucky** were in a structured, summer experience in 2019. Unfortunately, an additional 31% were not in a summer program but would've been in one if it had been available to them. If we're able to provide better resources and information to families before summer in regard to where they can have their children go during this time, it can help decrease some of the mental health concerns that occur during summer.

Additionally, training pediatricians, as well as other adults, on what to look for when it comes to young people's mental health can help identify potential red flags outside of the school system.

The Need for Summer Programming



Mental Health Treatment Options for Kids and Adolescents

Sending a patient or charge to a facility comes with questions and concerns. Let's talk about, though, what SUN Behavioral Kentucky has to offer, both on a basic level as well as how they've improved. Our program for minors is split into two parts: littles and adolescents. These groups make up a larger whole of treatment specifically designed to help minors learn the coping skills they need to manage their mental health. We also know how important it is for adolescents and littles to be treated in groups that closely match their needs. Our Littles unit consists of children ages 5-11 and our Adolescent unit is ages 12-17.

On average, an inpatient stay lasts about a week while an outpatient length of stay can last longer, based on a patient's clinical needs.

Within 24 hours after a young patient steps through our door, our discharge planners get to work speaking with their guardians about setting up the proper steps for long-term support after treatment. We offer in-person options and virtual options via Zoom, as well.

SUN Treatment Approach



Psychiatrists and nurse practitioners



Compassionate around-the-clock nursing care



Safety empowerment system to develop Internal Control



Play therapy and mindfulness



Academic enrichment



Family therapy and parent/child



Interactive Therapy



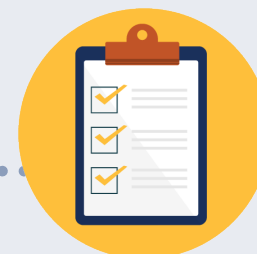
Cognitive Behavioral Therapy for children



Emotional Regulation Training (ERT) and Dialectical Behavioral Therapy (DBT)



Family-Centered Safety Planning



Motivational interviewing



Collaboration with outpatient providers



Aftercare planning for continued recovery

Solving Unmet Needs - Our Mission at SUN KY

Beyond offering the base-level services required for proper care, what else do we do here at SUN Behavioral Health in Kentucky? SUN stands for “solving unmet needs” and we strive to do that each day.

How exactly do we do that, though? Let’s look at just a few of the ways we operate in order to address the concerns in our community regarding mental health and treatment for adolescents.



Our Programming

The Littled and Adolescents inpatient program we offer lasts an average of 5-7, with room for adaptation to best suit the needs of the individual child. Our program covers all aspects of mental health and behavioral concerns, from depression and PTSD to ODD, ADHD, and more. From the start, a discharge planner and treatment team will meet along with the parent or guardian to ascertain the best timeline and program options for their child.

Following our inpatient program, we offer an intensive outpatient program that meets 3 days a week in a small group setting. This can be helpful for adolescents who need continued support outside of our facility. While we do not offer ongoing, individualized therapy here, our treatment team is connected in the area and will happily set the family up with a therapist or psychiatrist for their child if needed.

We encourage parents and guardians to stay connected and visit their minors in our care. Both programs offer visitation two days during the week, and since they’re only with us for an average of one week, this means they are able to see their parents for almost $\frac{1}{3}$ of the days they have with us.

Additionally, while we primarily specialize in mental health for adolescents and littles, we are able to assist in certain substance use cases. We take these on a case-by-case basis in order to assure that we have the proper resources for that particular instance.

Continuing Education

One of the biggest stressors for guardians and even for some older kids can be missing out on school while they’re receiving the care they need. Focusing on other problems, such as this, and not giving your full attention to recovery can hinder your results. That’s why SUN plays a big part in communicating with our patient’s schools. We make sure their absence is understood and we pick up their homework so they don’t fall behind in class.

Both our littles and our adolescent group have meetup sessions during the week with our staff tutor. We utilize a program known as Learnwell to assist in continuing their education. He works with the groups as a whole, with littles having a separate time from the adolescents while engaging patients on an individual level. Providing this continued education, both as a setting within our treatment facility as well as a routine to be in, can help the transition back out of a treatment facility afterward. Not only that but sometimes children can have trouble or triggers associated with schoolwork in particular. Being able to address these as part of their care and treatment helps ensure better outcomes in the long run. We believe in treating the whole person here at SUN and that means addressing any potential point of concern.



Safety and Care

Our team here at SUN is fully dedicated to the safety and care of all patients. We have around-the-clock nurses, ready to help when needed.

Our facility and staff make sure we always meet the requirements set out by the Substance Abuse and Mental Health Services Administration (SAMHSA). These requirements for proper crisis care include:

- ☀ Offering 24-hour crisis receiving and stabilization
- ☀ Having a dedicated drop-off area for first responders
- ☀ Having additional support for patients beyond intensive care
- ☀ Having beds in the regional bed registry system connected to our crisis call center
- ☀ Support efficient connection to needed resources
- ☀ Coordinating connections to ongoing care for patients

Our crisis unit offers intake and stabilization 24 hours a day, 7 days a week. This stabilization covers a variety of concerns such as mental health, substance use, homicidal ideation, erratic behavior, suicidal tendencies, the threat of self-injury, and more. We don't require appointments or heads up for this service, either. Patients can come in at any time and we will be ready to assist them.

We also offer specific training to help adolescents find a better way to control and outlet their emotions. This safety system can also help them feel more in control of themselves as a whole, which can be very powerful during healing. We also have Family-Centered Safety Planning which allows us to address specific concerns brought to us by the adult(s) who helped admit the minor.

Admissions and Referral

We accept incoming patients from all sources, whether it's from a guardian or a social worker, that won't impact the work we do to ensure the well-being of the minors in our program. We also accept patients directly from the emergency room. Our facility is located next door to the St. Elizabeth emergency room, but we accept patients from other hospitals and emergency rooms as well.

We know the admissions process can already be stressful, so there are a few things we do to ensure it goes as smoothly as possible for all parties involved.



Electronic medical record transfers -
lessens any stress involved when transferring facilities.



24-hour admissions -
making sure patients can get help when they need it is a huge deal.



Both telehealth and in-person assessments -
this way we can allow patients and guardians to choose the option that's most convenient for them without slowing down the admissions process



Multiple levels of care, all under one roof -
having one spot to visit during all stages of recovery can make the process less stressful overall, especially for minors. It gives them a place they become familiar with instead of a new facility each time.



24-hour phone availability -
ensuring that patients and guardians can have access to answers and help no matter what hour it is.

We Are In-Network with Most Major Insurances including Medicaid

Referral Sources and Their Processes

We accept referrals from a wide range of sources. Here are just some of the common ones we receive for children and adolescents along with a breakdown of the process between them.



Case Managers and Social Workers

They communicate directly with SUN Behavioral Health Kentucky's business development representative (BD) to see if space is available. The SUN BD representative rep will confirm where the patient can go. The case manager or social worker will then drive the patient directly to SUN Behavioral Health Kentucky and stay throughout the initial assessment.



Schools

Our business development representative takes calls from local schools when adolescent referrals are needed. We can work to give school counselors advice and encouragement, but ultimately, the choice is up to the child's parents. Parents need to be the ones to take their children to SUN Behavioral Health Kentucky for an assessment.



Hospitals

Hospitals typically fax information to SUN Behavioral Health Kentucky on the referred patient. SUN Behavioral Health Kentucky will send confirmation within the hour, assess the information, and send another fax back to let the hospital know where to take the patient. This is a fairly quick process. Like with any other community referral partner, you can also call us. We answer our phones 24/7.



EMTs, Firefighters, and Law Enforcement

If the referral is coming from one of these departments, it's usually due to an emergency situation. SUN Behavioral Health Kentucky has an ambulance bay and a 24/7 psychiatric emergency room, so they'll likely bring the patient straight here. The ambulance will notify SUN Behavioral Health Kentucky when they're on the way and one of our clinicians or intake specialists will meet the patient at the door. We then perform an immediate assessment, and if they're a good fit, they're admitted. We stay in communication with the person who referred the patient so they're aware of any future needs.

Regardless of the source, any referral partner or person seeking admission for their charge or an adolescent can call us at any time. We are available at 859-429-5188 and operate our phones 24/7. Don't hesitate to reach out if you have any questions, or concerns, or are looking to get started on the admissions process.

Contact Information:

Address:

Sun Behavioral Health Kentucky
820 Dolwick Drive
Erlanger, Kentucky 41018

Email: info@sunkentucky.com

24/7 admissions: 859-429-5188

Schedule a telehealth consultation 24/7: <https://sunkentucky.com/telehealth-consultation/>



Behavioral Health

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