

A woman with glasses and a light blue striped shirt is looking to the right. She is partially obscured by a vertical bar that is light blue on the left and light green on the right. The background is a soft, out-of-focus light green.

**THE PUBLIC HEALTH CRISIS OF PEDIATRIC
MENTAL HEALTH:
UNDERSTANDING THE WHY, MOBILIZING THE
HOW, AND REIMAGINING WHAT'S POSSIBLE**

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DISCLOSURE

I receive grant funding to participate in and evaluate the following programs discussed today:

- Project THRIVE (MI Health Endowment Fund | Grant No. PD75685)
- Rx Kids (MI Dept of Health & Human Services | Grant No. E20264304-00)

Programs are shared to illustrate different approaches to addressing adverse childhood experiences and child mental health, not because they are the “right” or only solutions.

“this is the
first time

I’VE TOLD ANYONE”



WHAT IS YOUR
REASON?

Image: Adolescent looking into the distance.



HONORING THE MI ACE NETWORK

We're here because of nearly 10 years
of relationship-building, shared
language and commitment to ACEs-
informed work across Michigan

Connector | Convener | Backbone



HONORING YOU

First time attendee
Returning attendee
Here from the beginning

Representation

- Education
- Government
- Health services
- Justice
- Social services
- Public health
- Community businesses and organizations
- Others?





A person is sitting on a black chair with a cane backrest. They are wearing a dark jacket, light-colored trousers, and white sneakers with white socks. They are holding a tablet computer with a white stylus resting on top. The background is a plain, light-colored wall. The text is overlaid in the center of the image.

Children and adolescents are facing an unprecedented mental health crisis.

THE ARC OF TODAY

- 01 Understanding the Why
- 02 Mobilizing the How
- 03 Reimagining what's possible

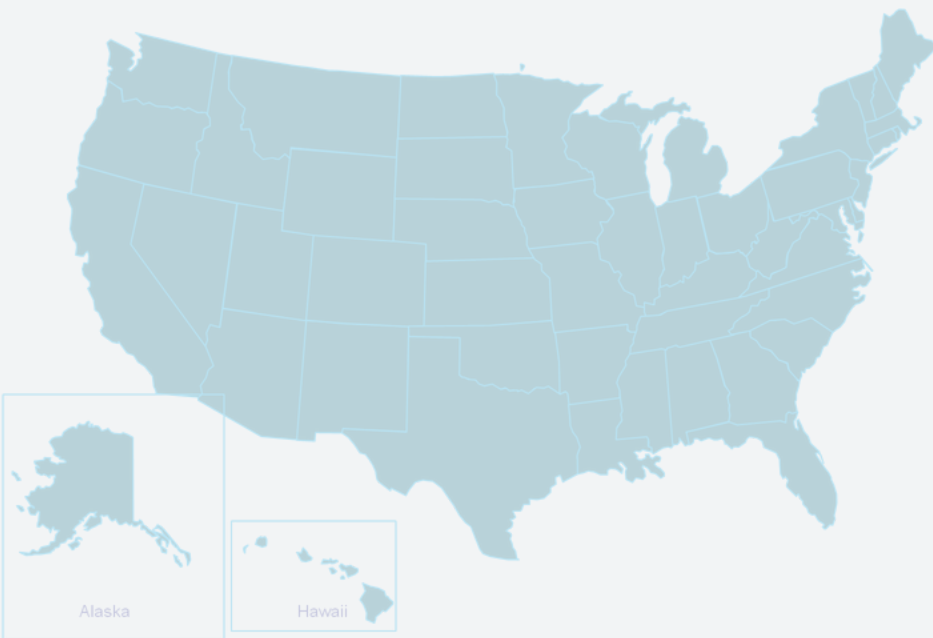


UNDERSTANDING THE WHY



MENTAL HEALTH & SUICIDE RISK INDICATORS

UNITED STATES HIGH SCHOOL STUDENTS



39.7%

2+ WEEKS OF PERSISTENT FEELINGS OF SADNESS AND HOPELESSNESS
(LAST 12 MONTHS)

28.5%

POOR MENTAL HEALTH
(ALWAYS OR MOST OF THE TIME, PAST 30 DAYS)

20.4%

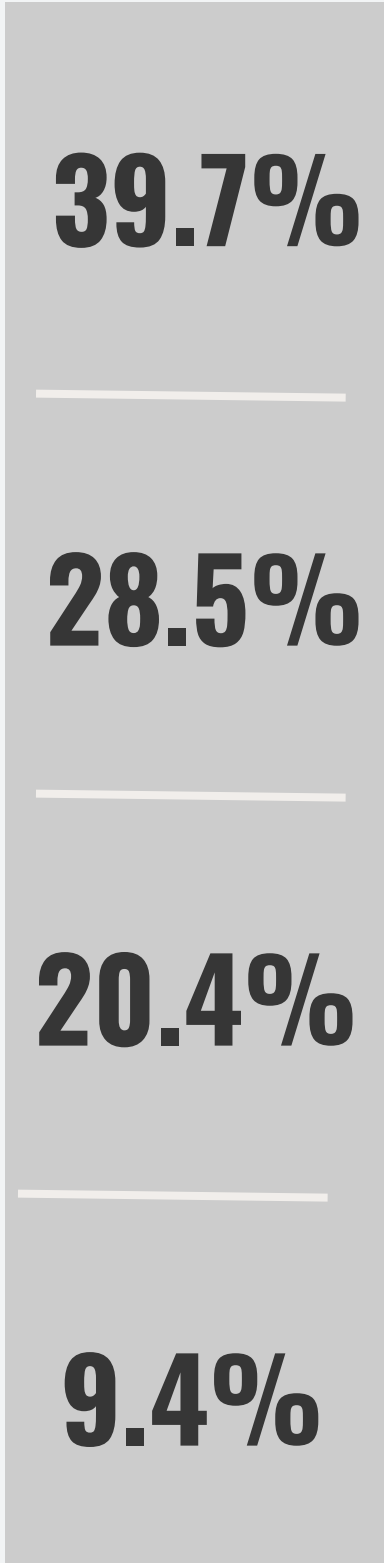
SERIOUSLY CONSIDERING ATTEMPTING DEATH BY SUICIDE
(LAST 12 MONTHS)

9.4%

ATTEMPTED SUICIDE
(LAST 12 MONTHS)

MENTAL HEALTH & SUICIDE RISK INDICATORS

UNITED STATES HIGH SCHOOL STUDENTS



PERSISTENT FEELINGS OF SADNESS AND HOPELESSNESS
(LAST 12 MONTHS)
52.6% FEMALE VERSUS 27.7% MALE

POOR MENTAL HEALTH
(ALWAYS OR MOST OF THE TIME, PAST 30 DAYS)
38.8% FEMALE VERSUS 18.8% MALE

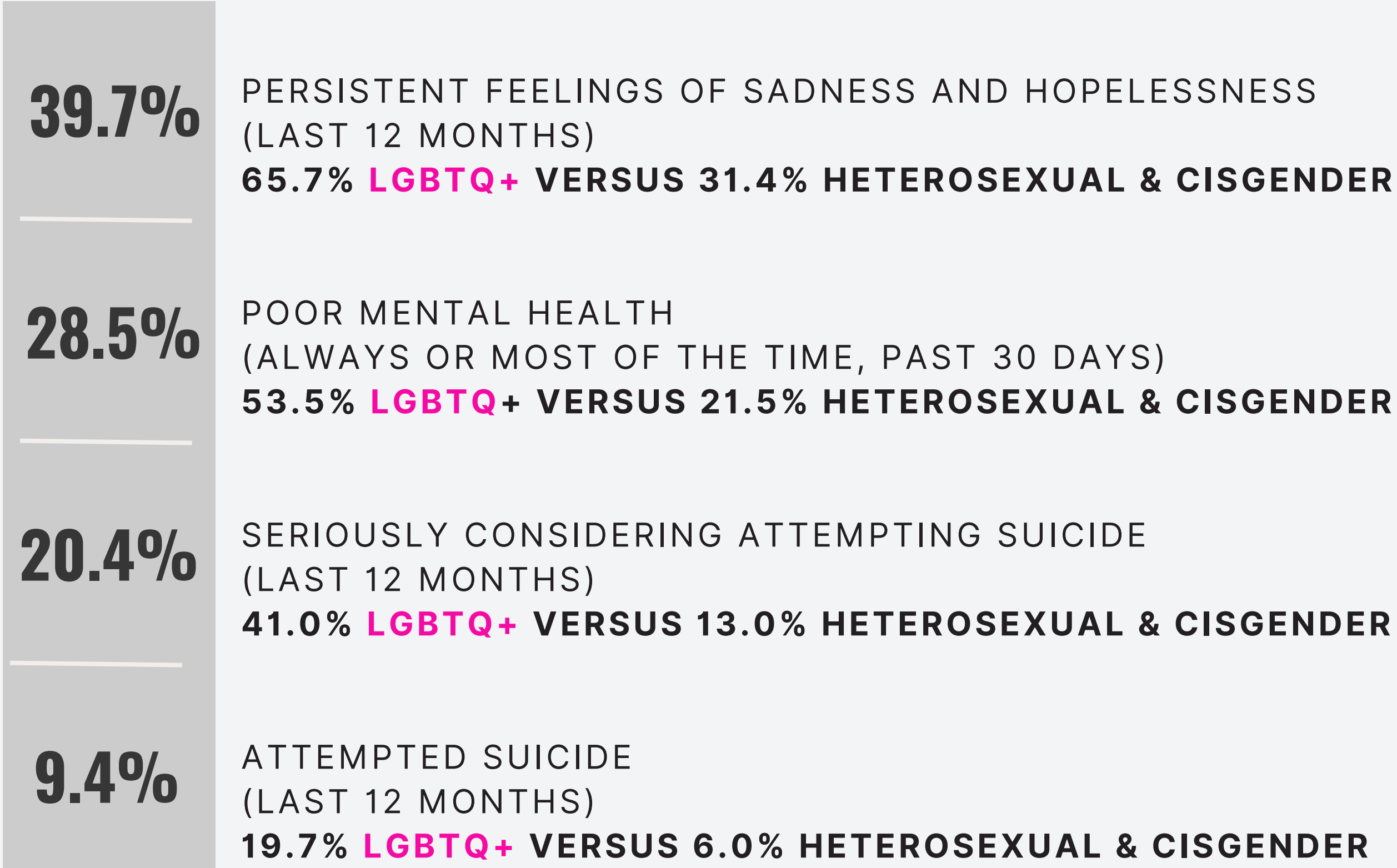
SERIOUSLY CONSIDERING ATTEMPTING SUICIDE
(LAST 12 MONTHS)
27.1% FEMALE VERSUS 14.1% MALE

ATTEMPTED SUICIDE
(LAST 12 MONTHS)
12.6% FEMALE VERSUS 6.4% MALE

2023 CDC Youth Risk Behavior Survey Data
N = 20,103 | Cross-sectional, school based survey of students in grades 9-12, public and private school

MENTAL HEALTH & SUICIDE RISK INDICATORS

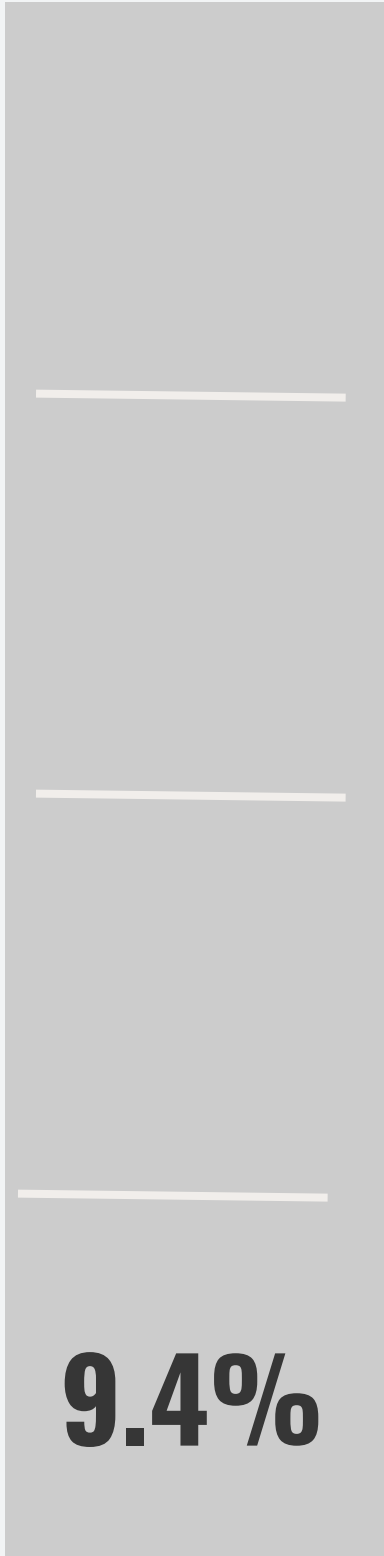
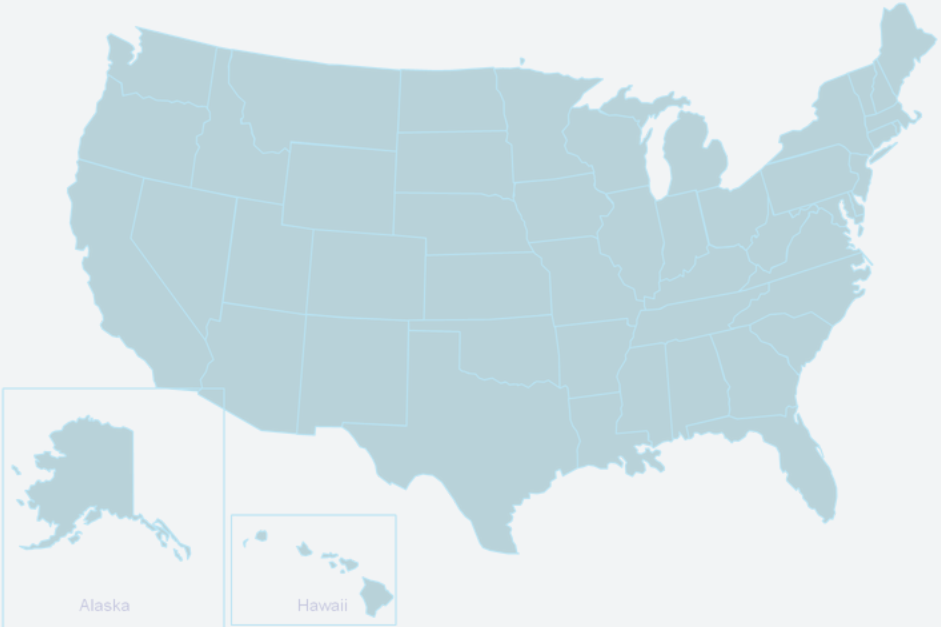
UNITED STATES HIGH SCHOOL STUDENTS



2023 CDC Youth Risk Behavior Survey Data
N = 20,103 | Cross-sectional, school based survey of students in grades 9-12, public and private school

MENTAL HEALTH & SUICIDE RISK INDICATORS

UNITED STATES HIGH SCHOOL STUDENTS



9.4%

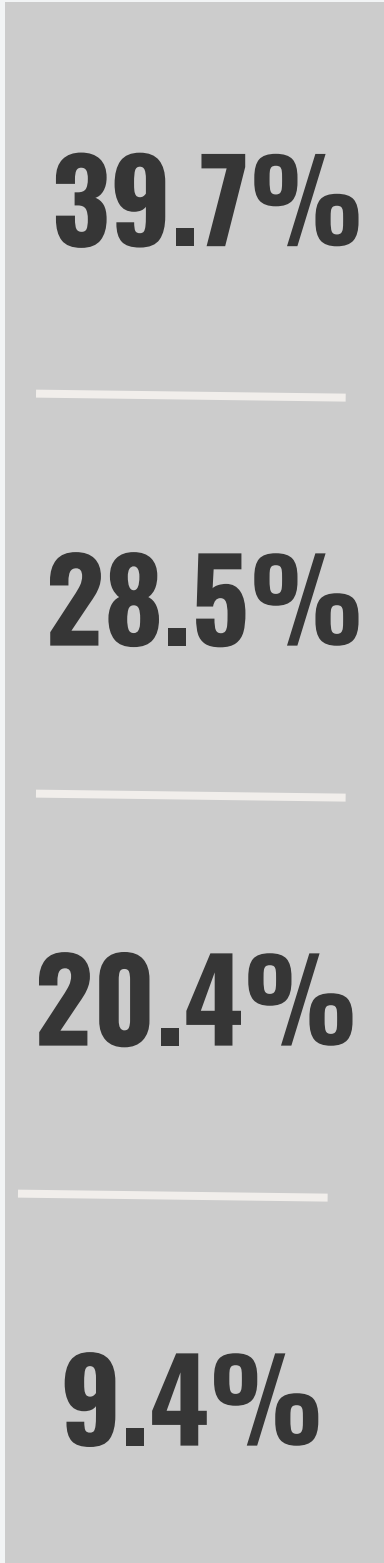
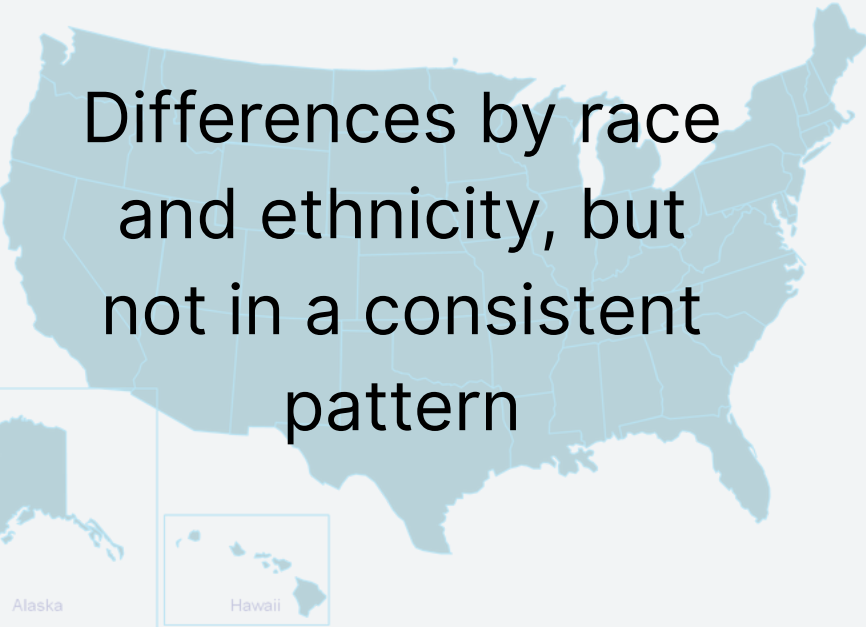
ATTEMPTED SUICIDE
(LAST 12 MONTHS)

10.4% GRADE 9 VERSUS 8.0% GRADE 12

2023 CDC Youth Risk Behavior Survey Data
N = 20,103 | Cross-sectional, school based survey of students in grades 9-12, public and private school

MENTAL HEALTH & SUICIDE RISK INDICATORS

UNITED STATES HIGH SCHOOL STUDENTS



PERSISTENT FEELINGS OF SADNESS AND HOPELESSNESS (LAST 12 MONTHS)

42.4% HISPANIC VERSUS 38.9% WHITE

POOR MENTAL HEALTH (ALWAYS OR MOST OF THE TIME, PAST 30 DAYS)

31.4% WHITE VERSUS 26.1% HISPANIC AND 26.5% BLACK

SERIOUSLY CONSIDERING ATTEMPTING SUICIDE (LAST 12 MONTHS)

22.1% WHITE VERSUS 18.2% HISPANIC
22.1% WHITE, 21.6% MULTIRACIAL, 19.6% BLACK, 18.2% HISPANIC, VERSUS 14.4% ASIAN

ATTEMPTED SUICIDE (LAST 12 MONTHS)

10.8% HISPANIC AND 10.3% BLACK VERSUS 8.3% WHITE

WHY IS THIS HAPPENING? | HOW DID WE GET HERE?



Images: Four youth of varying ages.

ADVERSE CHILDHOOD EXPERIENCES (ACEs)

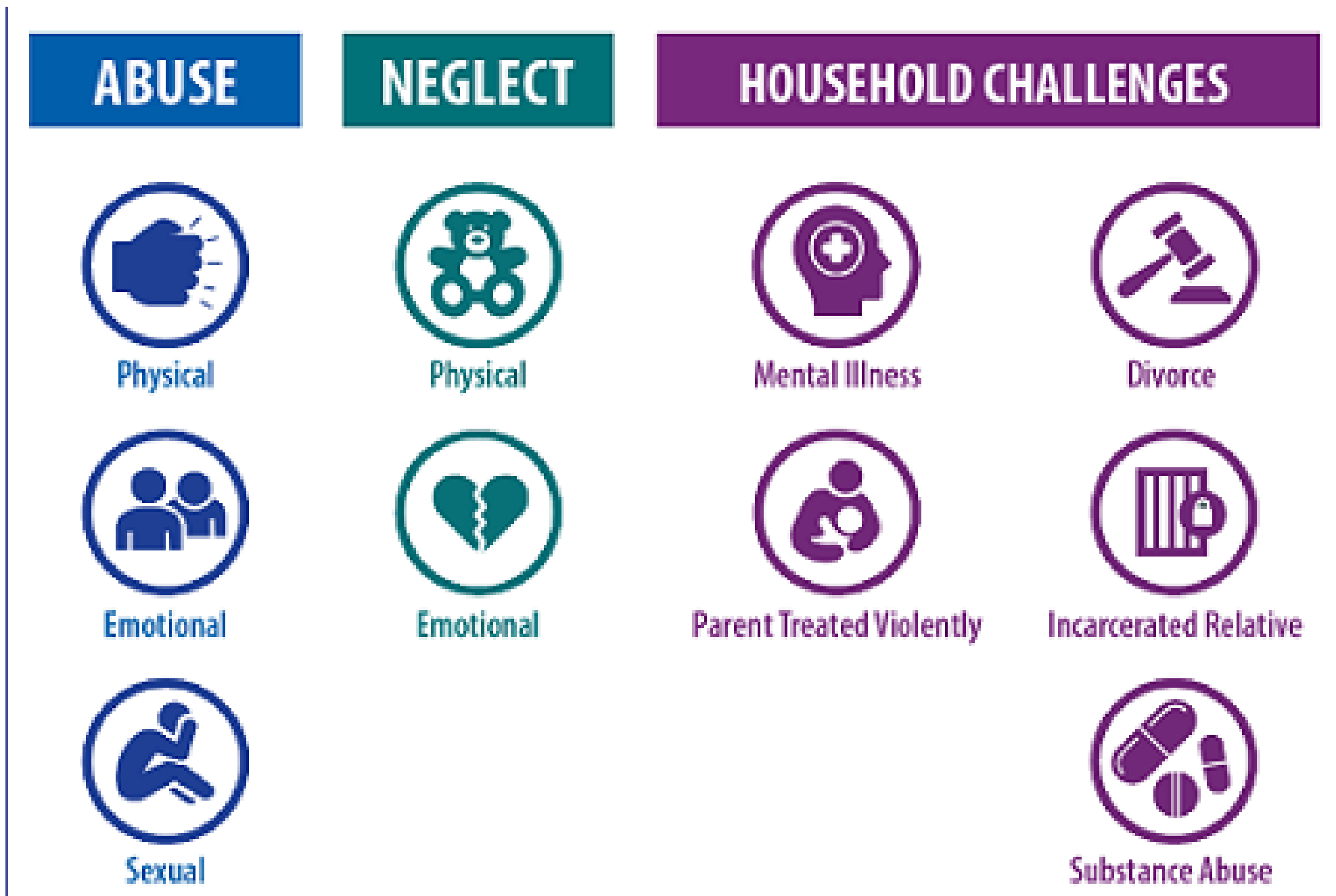


Image: Types of adverse childhood experiences. Obtained from: CDC (2021)

Potentially traumatic experiences that occur before age 18

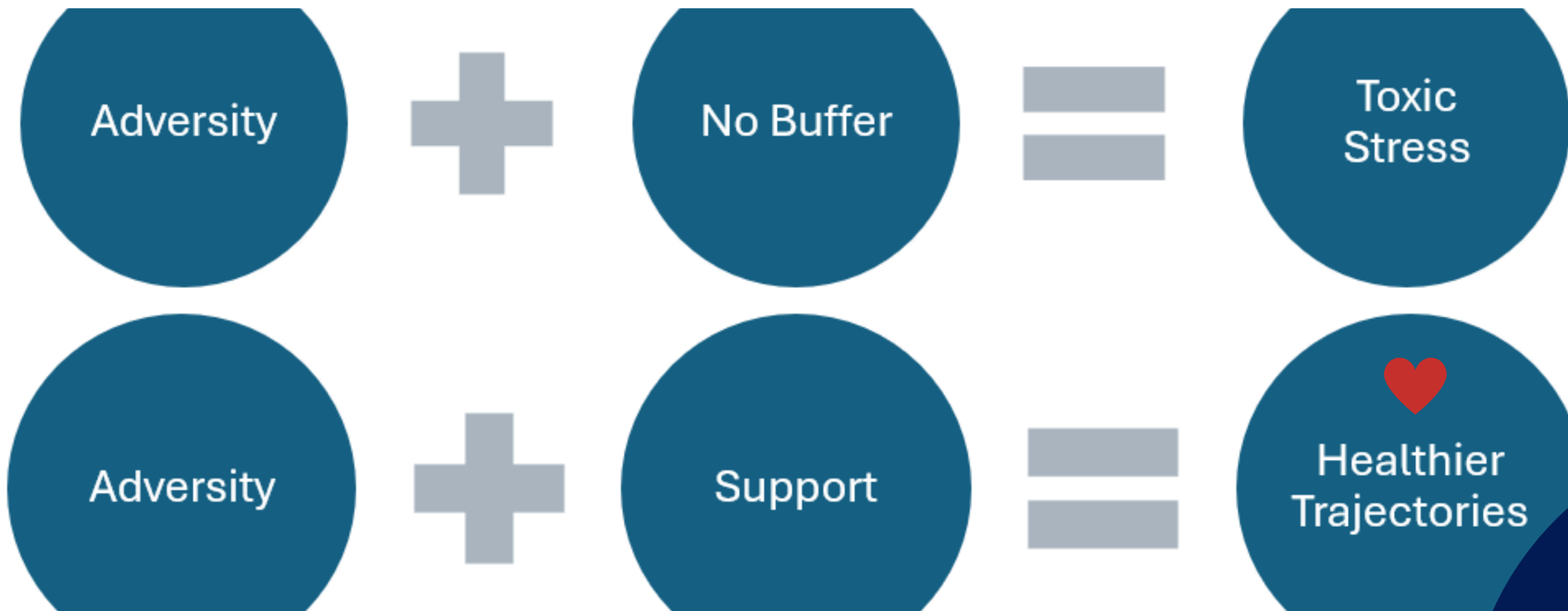
Common, cumulative, & dose-responsive impact

- 1+ ACE: 6 in 10 US adults
- 4+ ACEs: Almost 1 in 6 US adults
- Shape health across the lifespan

Exposure is heterogenous

- Adversities carry differing risk
- Not all exposed have poor outcomes
- Resilience and protective factors matter

Deeply connected to the environments and systems in which we raise kids



HOW
ADVERSITY
GETS UNDER
THE SKIN

Toxic Stress Occurs When

- Adversity is frequent or prolonged
- Without adequate supportive relationships

Disrupts developing systems

- Brain architecture
- Stress response (HPA axis)
- Immune & metabolic systems

Foundational driver of long-term outcomes

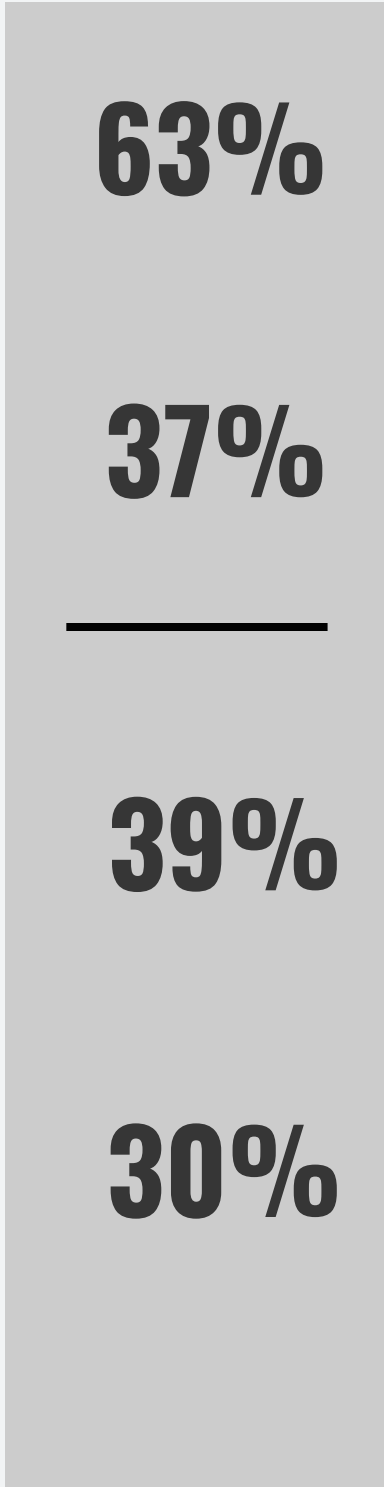
- Health compromising behaviors
- **Mental health challenges & chronic disease**
- Limited life potential, premature death

Skills, environments, & relationships can buffer or prevent adversities



Centers for Disease Control and Prevention (CDC). About Adverse Childhood Experiences. Retrieved 03/2026 from: <https://www.cdc.gov/aces/about/index.html> | Harvard Center on the Developing Child. Toxic Stress. Retrieved 03/2026 from: <https://developingchild.harvard.edu/key-concept/toxic-stress/> | Michigan Department of Health & Human Services. Retrieved 03/2026 from: <https://www.michigan.gov/mdhhs/adult-child-serv/childrenfamilies/tts/btim/ptsm> | National Scientific Council on the Developing Child. Excessive Stress Disrupts the Architecture of the Developing Brain. Retrieved 03/2026 from: <https://developingchild.harvard.edu/resources/working-paper/wp3/> | Shonkoff et al., 2012

MICHIGAN & COUNTY LEVEL ACES DATA



MI HIGH SCHOOL STUDENTS REPORTING AT LEAST 1 ACE

MI YOUTH WHO EXPERIENCED 2+ ACES

GENESEE COUNTY MI HIGH SCHOOL STUDENTS THAT REPORTED EVER LIVING WITH SOMEONE WHO WAS DEPRESSED, MENTALLY ILL, OR SUICIDAL (**48.9% FEMALES** | 29.9% MALES)

GENESEE COUNTY MI HIGH SCHOOL STUDENTS THAT REPORTED EVER BEING HIT, BEAT, KICKED, OR PHYSICALLY HURT BY A PARENT OR OTHER ADULT IN THEIR HOME (**42.7% BLACK NON-HISPANIC** | 24.6% WHITE NON-HISPANIC)

CHILDREN ARE NOT EQUALLY EXPOSED - OR SUPPORTED

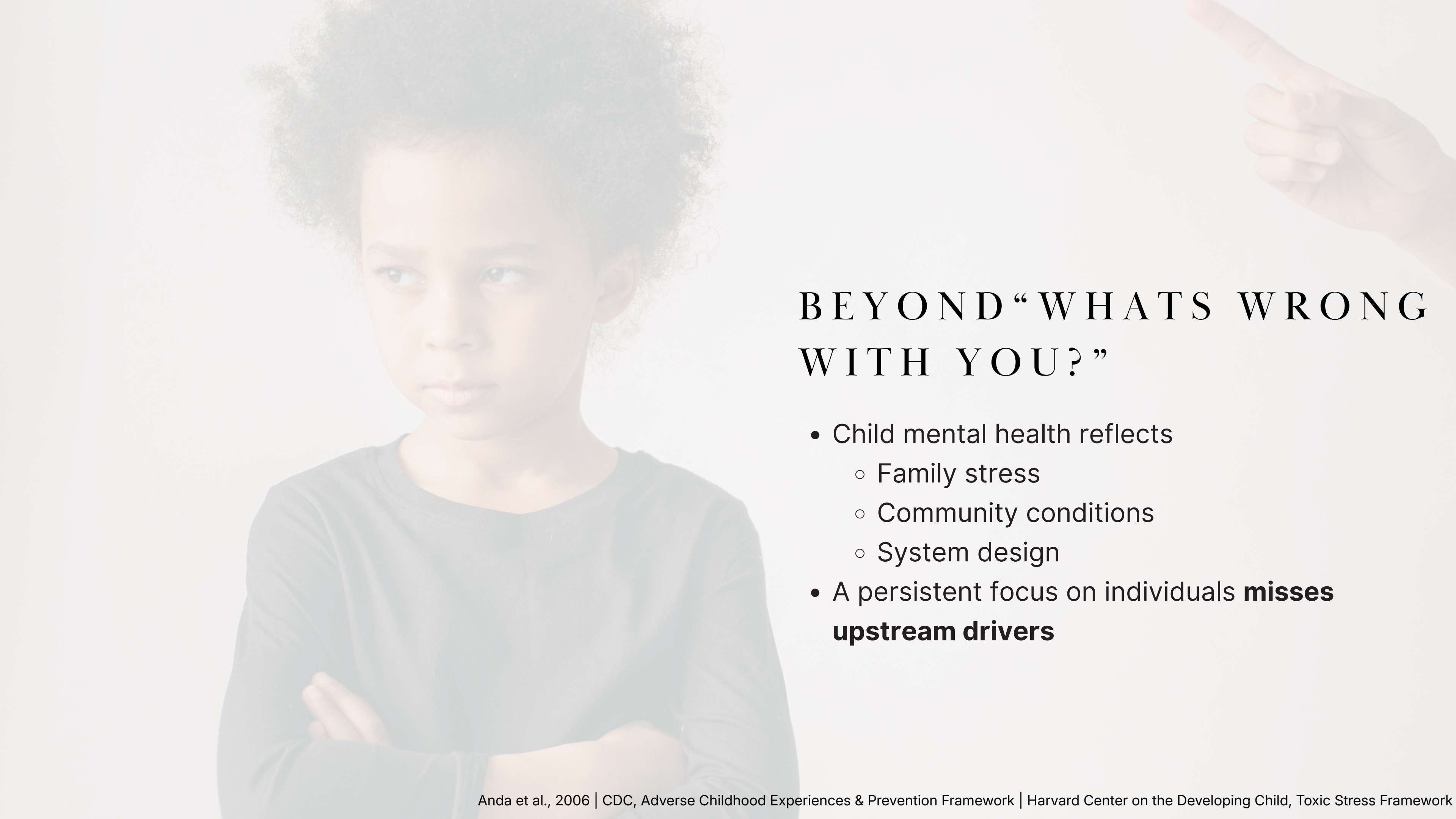


HIGHER ACE EXPOSURE

- Children in low-income households, residential care, with a history of juvenile offending
- Black, Indigenous, and other children of color especially within communities facing economic disadvantage

COMMUNITY DISPARITIES IN ACCESS

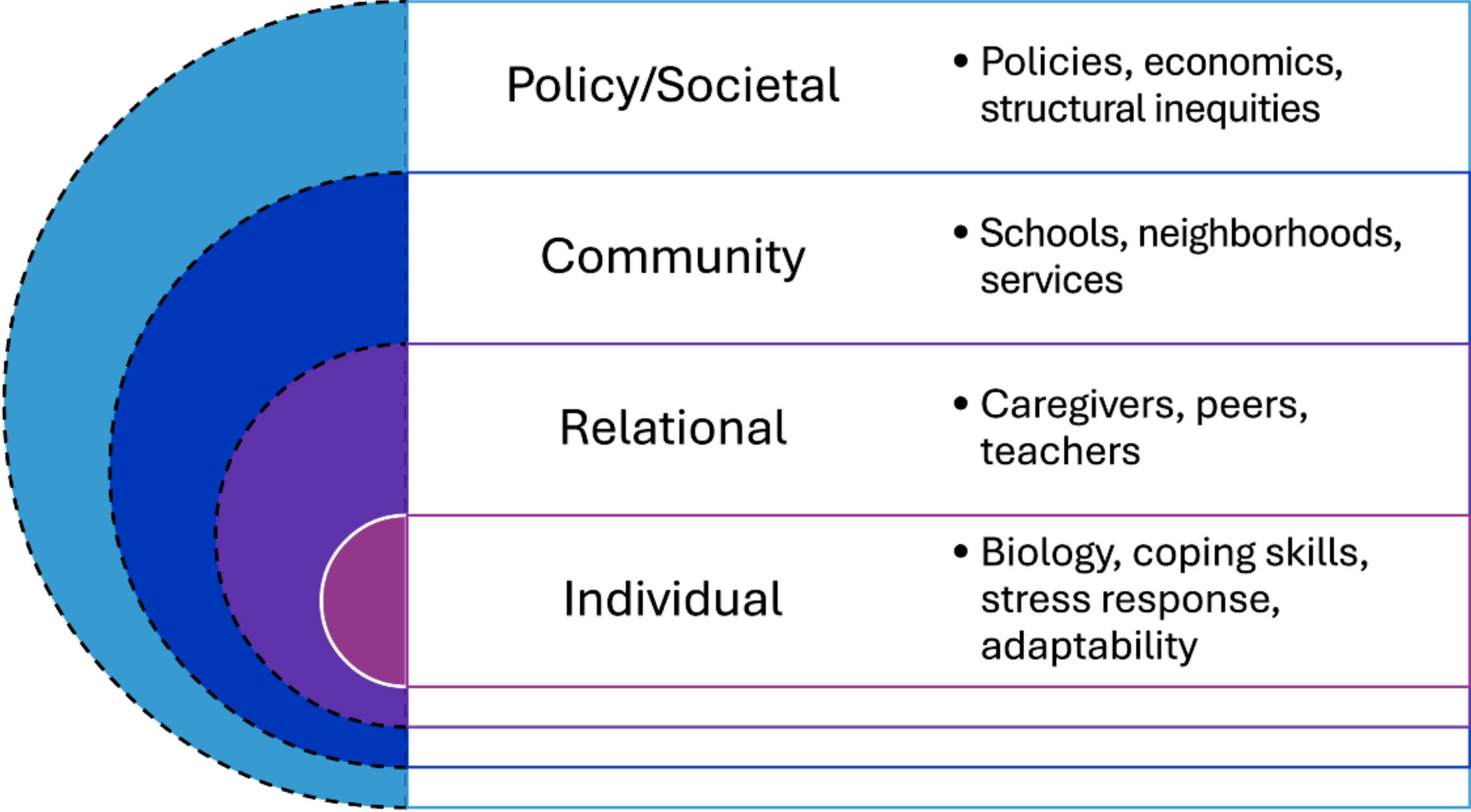
- Provider shortages
- Long waits for care
- Limited access to preventive & specialty services, mental health and substance use treatment
- Unmet social needs

A young girl with curly hair is shown from the chest up, looking slightly to her left with a thoughtful expression. Her arms are crossed. In the upper right corner, a hand is visible, pointing its index finger towards the girl. The background is a plain, light color.

BEYOND “WHAT’S WRONG WITH YOU?”

- Child mental health reflects
 - Family stress
 - Community conditions
 - System design
- A persistent focus on individuals **misses upstream drivers**

A SOCIOECOLOGICAL VIEW OF CHILD MENTAL HEALTH & WELL-BEING



Adapted from Michaels, C., Blake, L., Lynn, A., Greylord, T., & Benning, S., (2022) | see also: CDC, Social Ecological Model for Violence Prevention | Harvard Center on the Developing Child, Developmental Environments



KEY POINT

Socioecological layers interact to shape outcomes for better and worse

What didn't cause the child mental health crisis

- Individual failure
- Lack of parent concern
- Provider incompetence



WHERE DO WE GO FROM HERE?

PUBLIC HEALTH PROBLEMS REQUIRE PUBLIC HEALTH RESPONSES



MOBILIZING THE HOW

FROM AWARENESS TO ACTION: MOBILIZING SYSTEMS

- Awareness was the starting point
- The challenge now: Mobilization
- Complex problems require cross-sector solutions



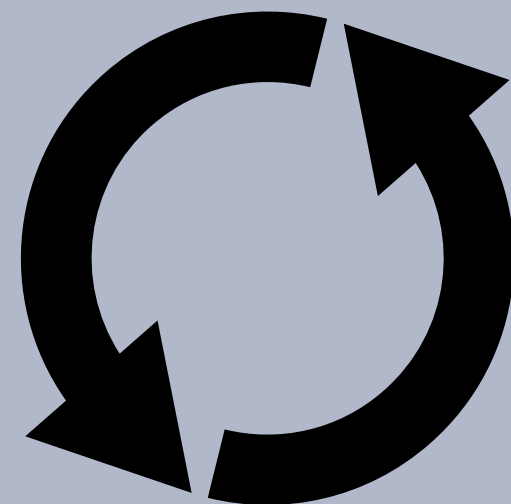
A COLLECTIVE IMPACT LENS

Shared
Agenda



Agreement on what problem we're trying to solve & what success looks like

Mutually Reinforcing
Activities



Different actors contribute in ways that complement each other

Continuous
Communication



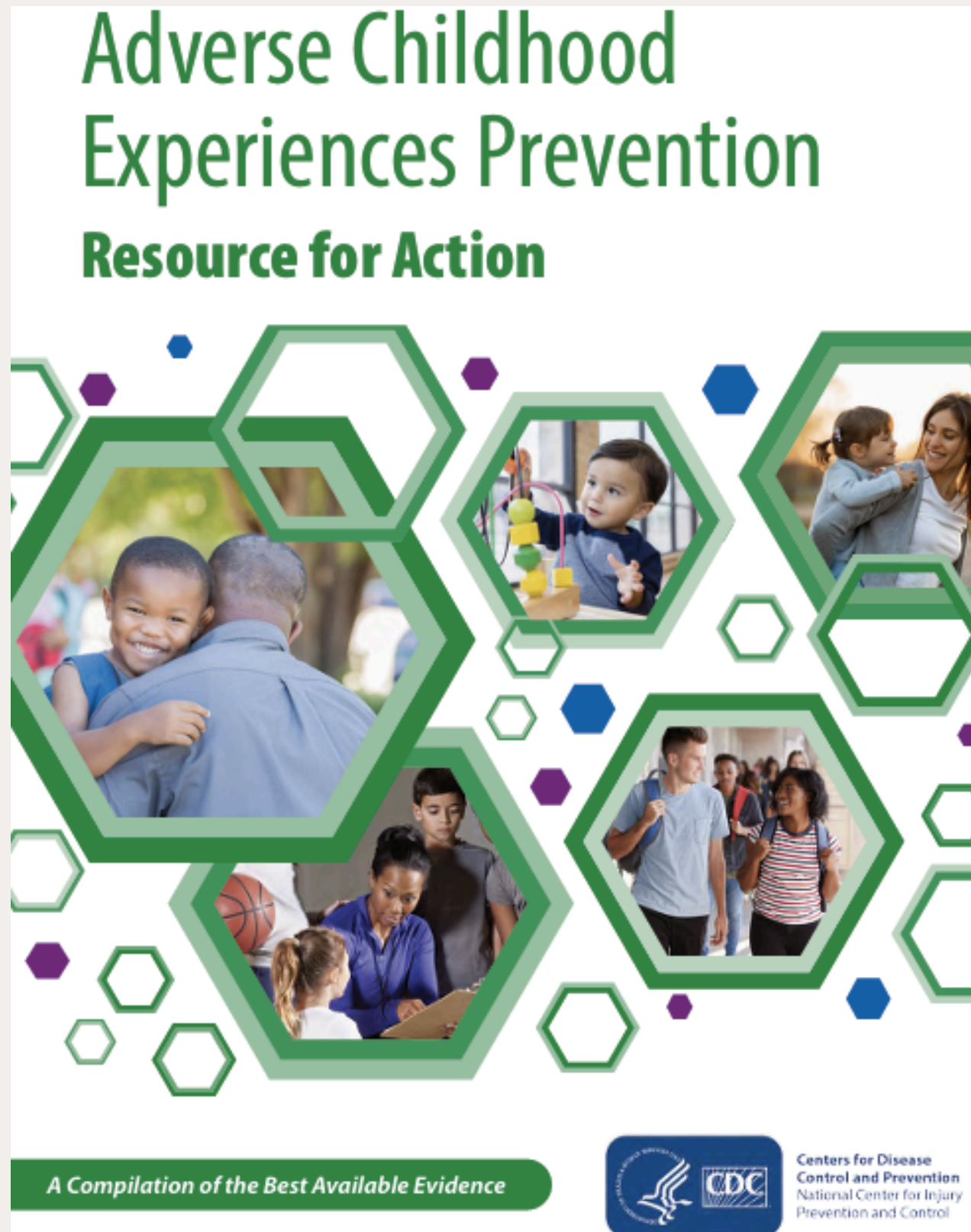
Routine, honest feedback loops across partners & with communities

Backbone
Infrastructure



The people, systems, & resources that keep the work coordinated over time

MOVEMENT TOWARD PREVENTION



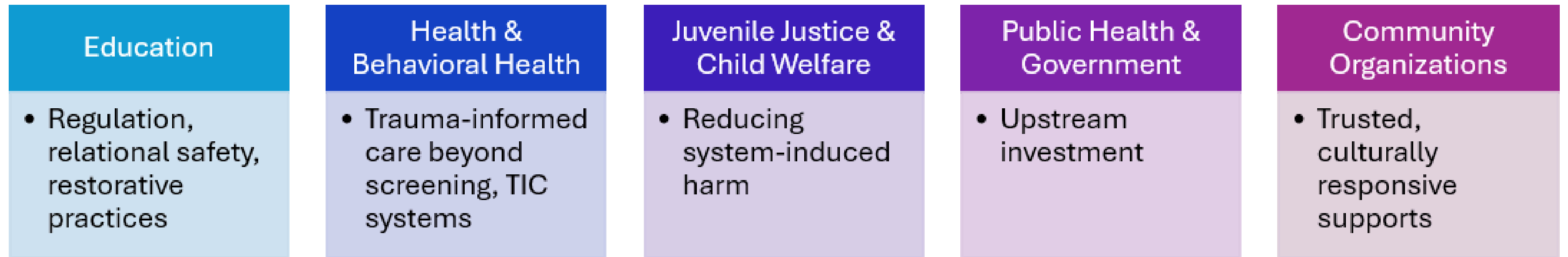
CDC ACEs Prevention Framework

- Prevent ACEs by focusing on changing norms, environments & behaviors

Strategies

- Strengthen economic supports to families
- Promote social norms that protect children against violence & adversity
- Ensure a strong start for children
- Teach coping & relationship skills
- Connect youth to caring adults

MOBILIZATION LOOKS DIFFERENT BY SECTOR



Aim for leverage points, not perfection.

WHY NUANCE MATTERS



- ACEs are not destiny
- Risk varies by context, timing, & support
- Systems can buffer or amplify harm



So What Does It Look Like When Systems Respond And Get It Right?



REIMAGINING WHAT'S POSSIBLE

Intervention at the Community Level



Project THRIVE:

**Thriving, Healing, &
Replenishing
InterVention in Everyday
Life for Flint Teens**





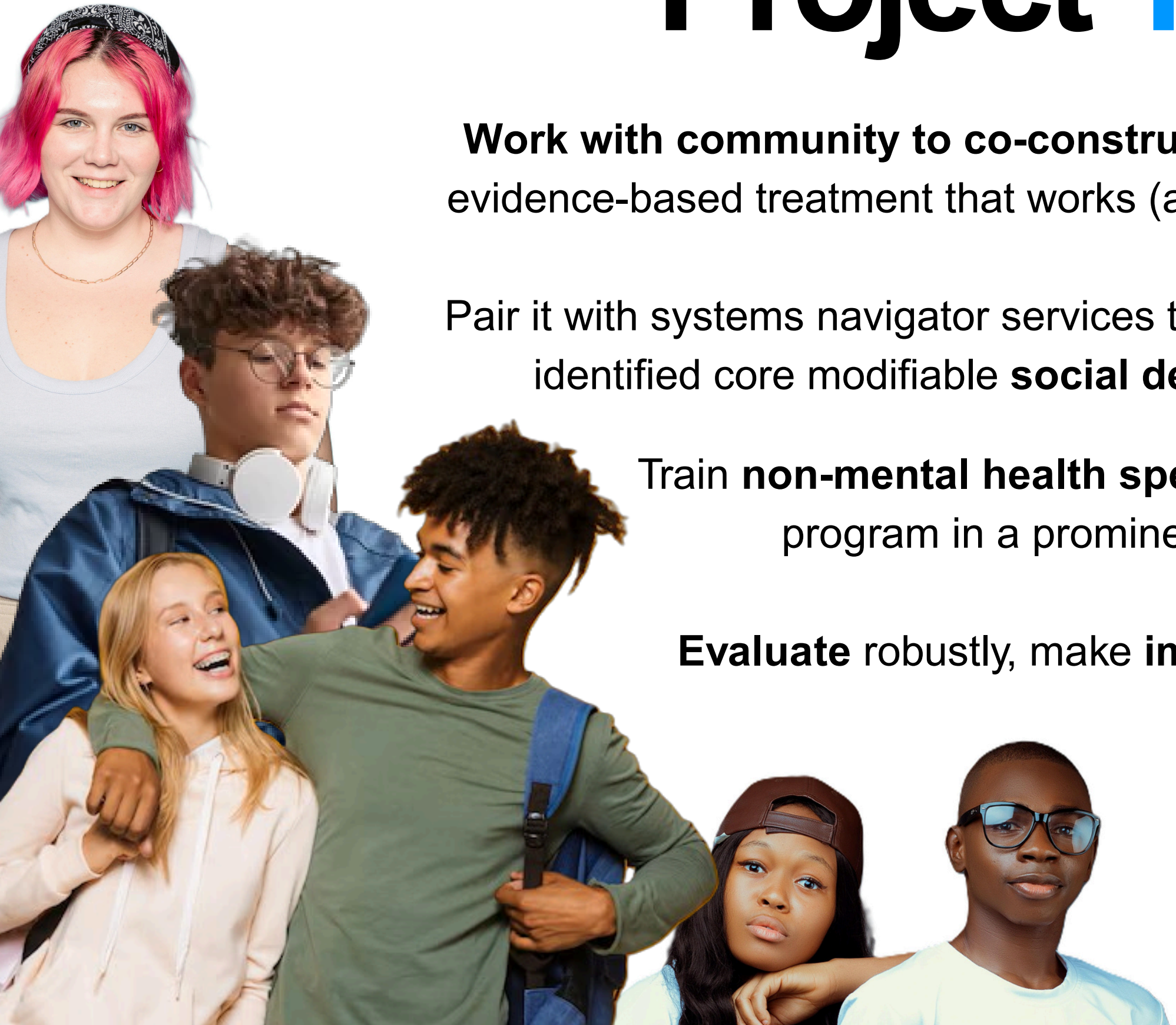
Project **THRIVE**

Work with community to co-construct a program that includes a brief evidence-based treatment that works (aka behavioral activation) for teens

Pair it with systems navigator services to **address** families' collaboratively identified core modifiable **social determinant of mental health**

Train **non-mental health specialists** and deliver the program in a prominent **local setting**

Evaluate robustly, make **improvements**, **repeat**





Project THRIVE

Community Strong | Lived Expertise | Clinical Expertise | Evaluation Expertise



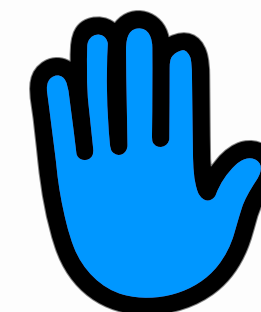
Why This Model Matters

- Focuses on teen mental health and upstream determinants for families
- Expands the workforce
- Meets youth where they are & reduces stigma
- Reduces barriers and improves access
- Aligns with prevention science
- Empowers community members & strengthens social safety net around families
- By community, for community
- Strong program monitoring and evaluation



ACEs Prevention Strategies

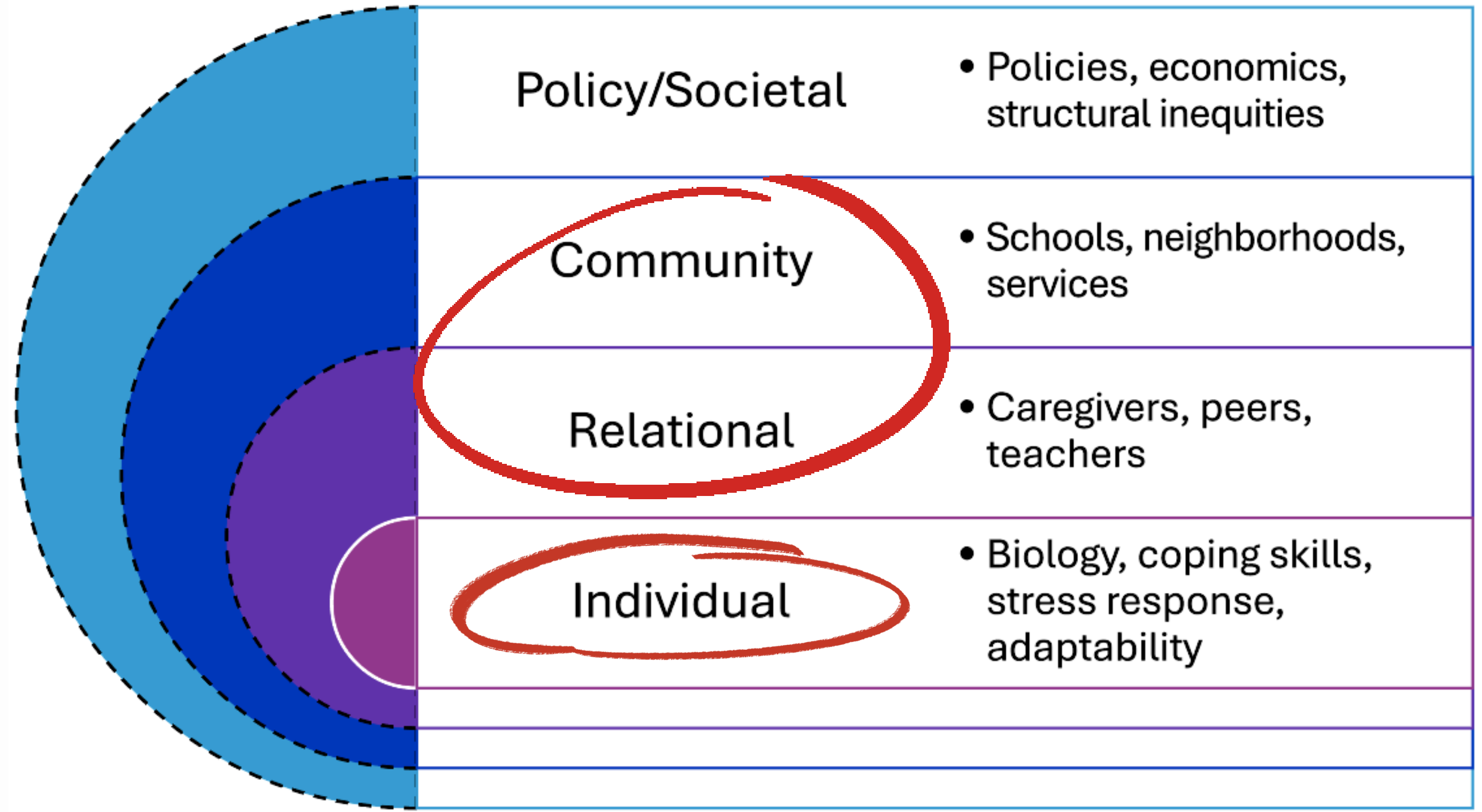
- ✔ Promotes social norms that protect children against violence and adversity, including men and boys as allies
- ✔ Provides a strong(er) start to adulthood for teens
- ✔ Teaches coping & healthy relationship skills
- ✔ Connects youth to caring adults in program & community



Do you support or fund work like this now?
Plan to?



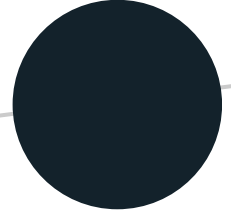
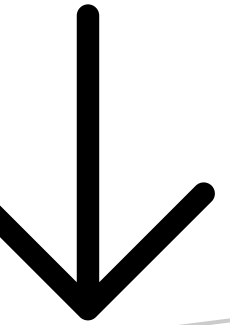
Project THRIVE in the Framework



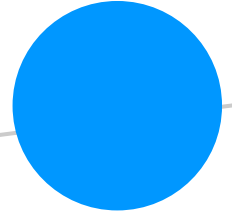


Timeline

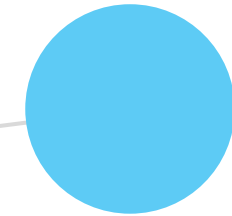
We are
HERE



Now - Fall 2026
Program
Co-Construction
with Community



Fall - Winter 2026
Interventionist Training
and Family Enlistment



Early Winter - Fall 2027
Program Implementation,
Evaluation, and Next
Steps



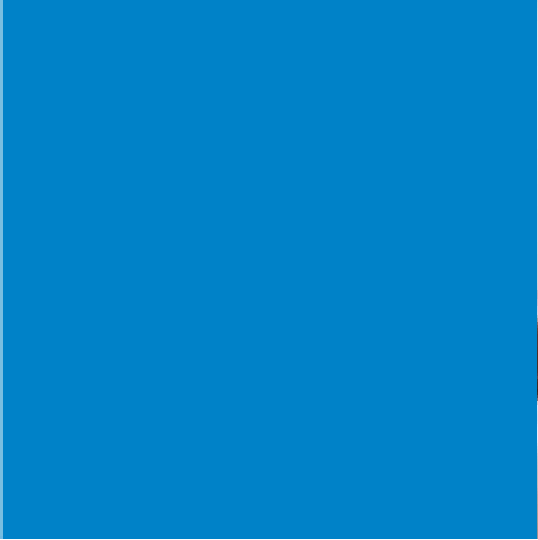
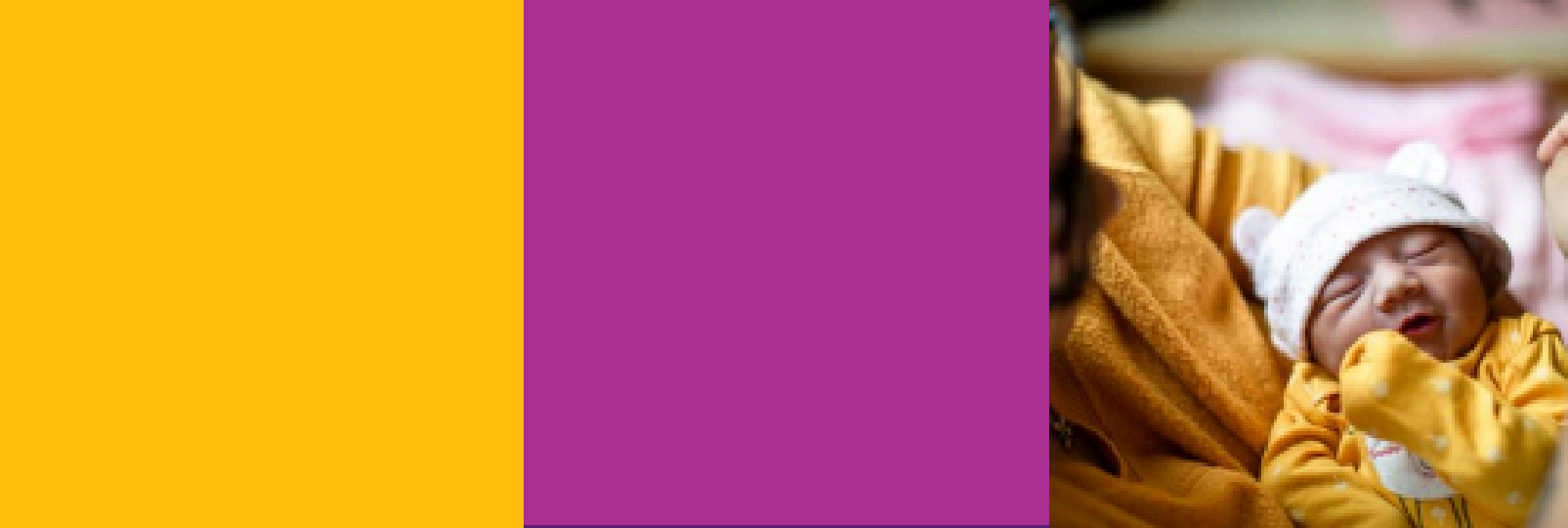


Stay Tuned for Outcomes!



REIMAGINING WHAT'S POSSIBLE

Intervention at the Societal/Structural Level



A Prescription for Health, Hope, and Opportunity

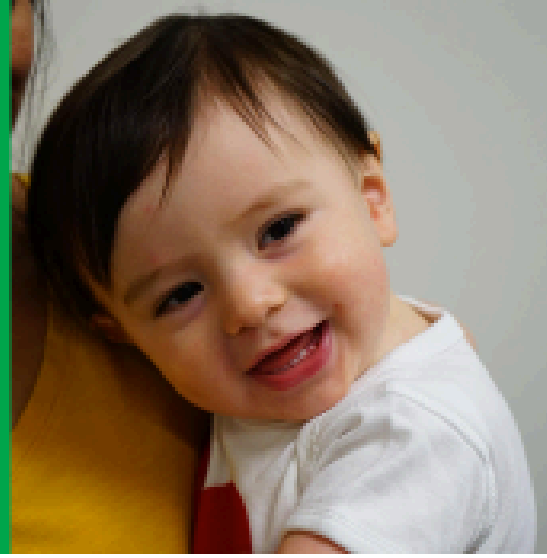
Cash for Moms and Babies

MICHIGAN STATE UNIVERSITY

FURLEY CHILDREN'S HOSPITAL

PEDIATRIC PUBLIC HEALTH INITIATIVE

GiveDirectly



**A maternal-infant health program,
Rx Kids is the first-ever,
community-wide, cash prescription
program for pregnant moms and
babies.**

*A program of Michigan State University Pediatric Public Health Initiative and
administered by GiveDirectly*

MICHIGAN STATE
UNIVERSITY

HURLEY
CHILDREN'S
HOSPITAL

PEDIATRIC PUBLIC HEALTH INITIATIVE

GiveDirectly

Rx Kids Communities

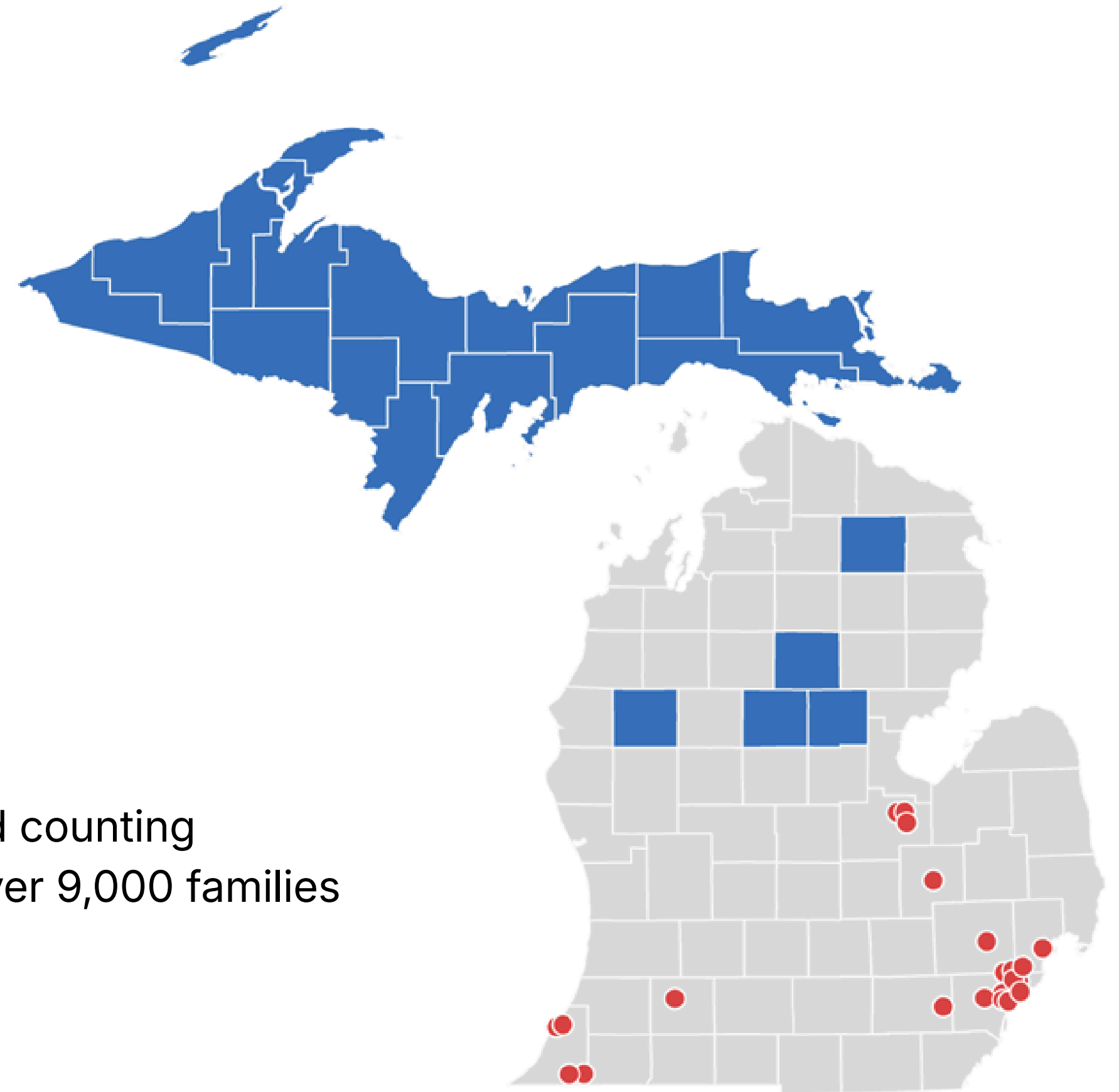
Design

- Prenatal start: \$1,500 lump sum during pregnancy >16 weeks
- \$500 monthly for 6 or 12 months
- Place-based: for ALL moms and babies in a geographically-defined community
- Unconditional, no-strings attached money
- With values of dignity, love, and trust, Rx Kids reimagines how we care for one another

Program Reach

- Launched in Flint in 2024
- Expanded to 39 communities and counting
- Over \$34 million prescribed to over 9,000 families

Conversations/bills with other states



Why This Matters

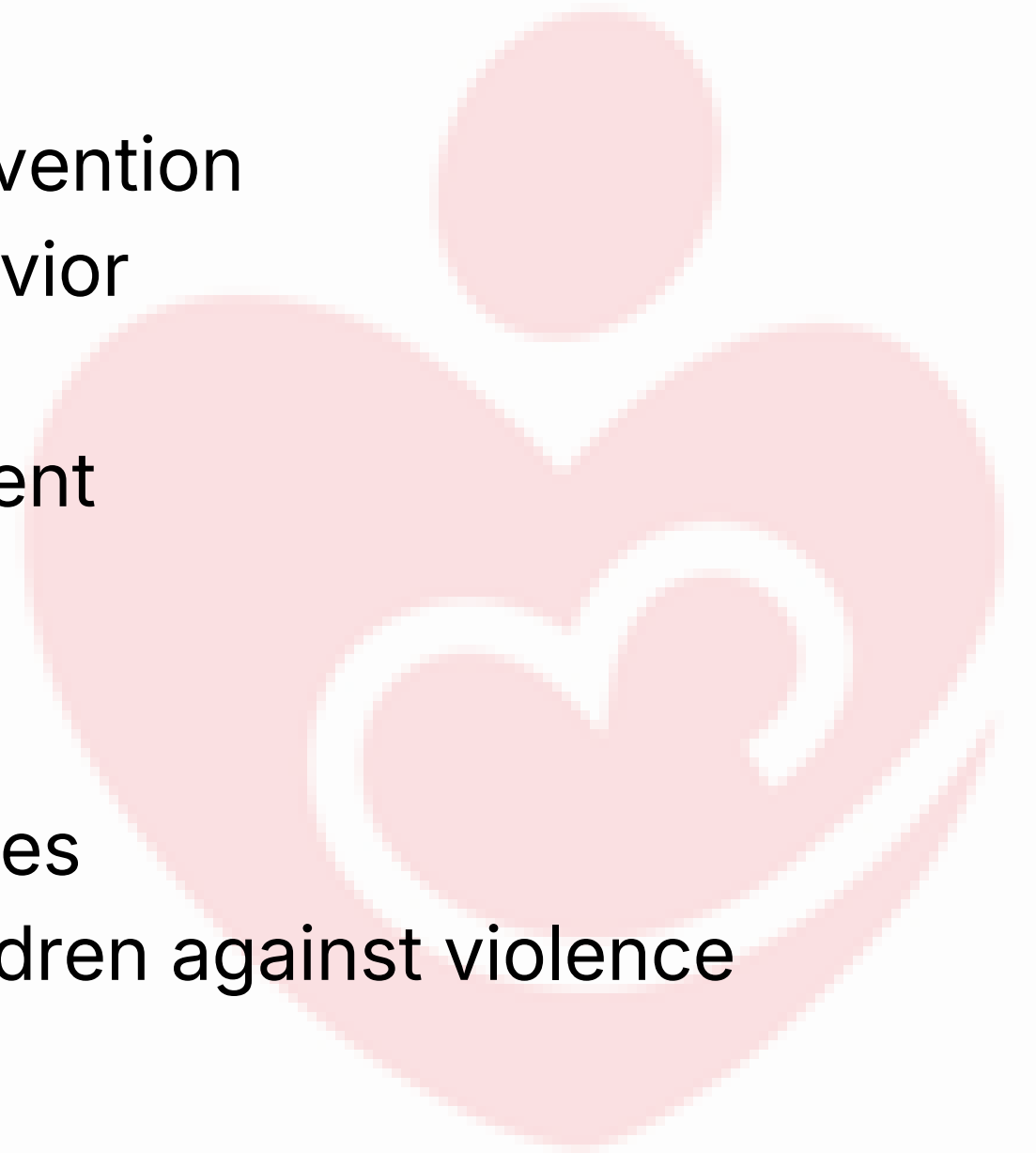


Economic support as a mental health intervention
Focuses on changing conditions, not behavior
Scalable and upstream
Strong monitoring and evaluation component



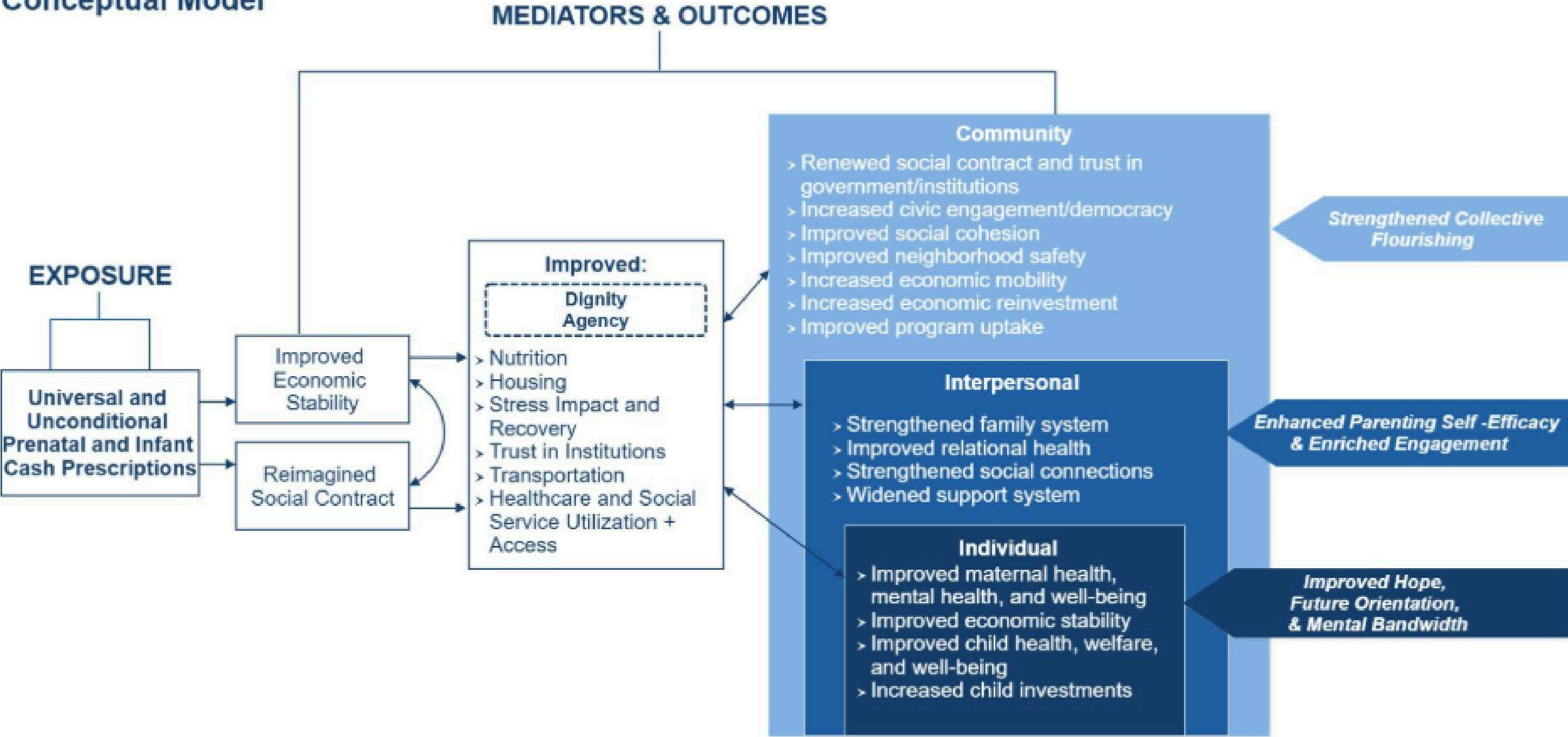
ACEs Prevention

- ✔ Strengthens economic support to families
- ✔ Promotes social norms that protect children against violence and adversity
- ✔ Ensures a strong start for children



What Rx Kids Makes Possible

Rx Kids Conceptual Model



- Greater **stability**
- Increased **dignity** and **agency**
- **Stronger foundations** for healthy relationships and mental health, reduced stress impact, and **ACEs reduction**

In case you were wondering...

Families most commonly
spend cash prescriptions on
**baby supplies, food,
rent, & utilities**



Rx Kids Impact: Maternal Mental Health & Well-Being

Compared to control groups, Rx Kids-Exposed moms have better mental health and well-being

- Reduced postpartum depression and anxiety
- Increased reports of feeling loved, valued, and hopeful
- Increased agency, dignity, individual and collective hope
- Significantly reduced parenting stress

81% of Rx Kids Moms say Rx Kids helps them feel more confident as parents

"[Rx Kids] Makes my anxiety go away knowing I can feed my family"

"Less stress on my brain, nerves, and body"

"I was able to take 6 weeks off to spend with my baby after a scary birth situation"

"It has helped me take the time with my baby to just love her"

"I feel confident, smart, patient, and more accessible to be here with my kids"

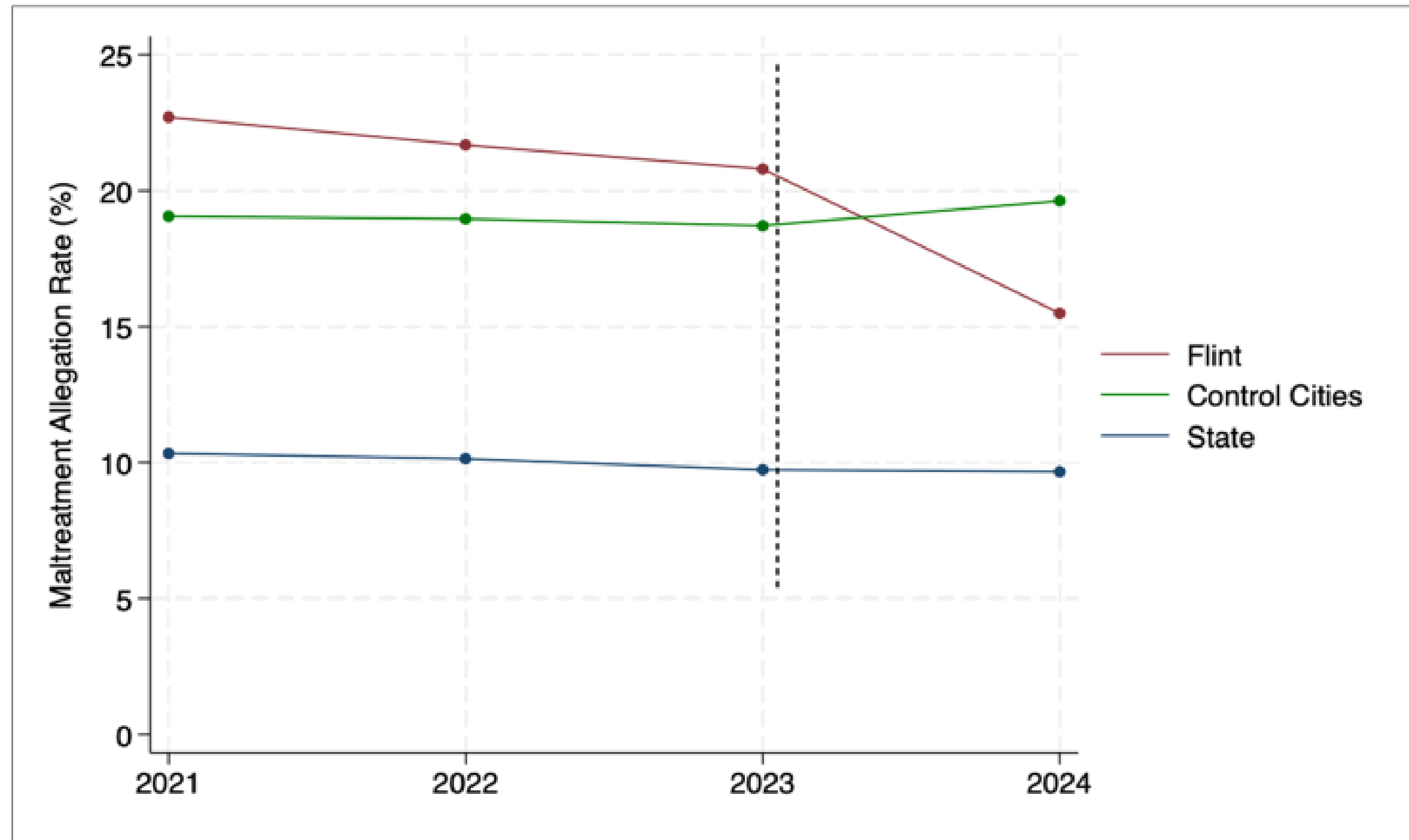
"Gives me hope that the world is changing and that I have a community that cares for me and my family"

"I get to be a mom...and he gets his mommy"

"I didn't stress like I did with my other kids so I have more patience"

"Allowing me to care for my children without too much of a financial burden always taking up mental space"

Rx Kids Impact: Child Welfare Prevention



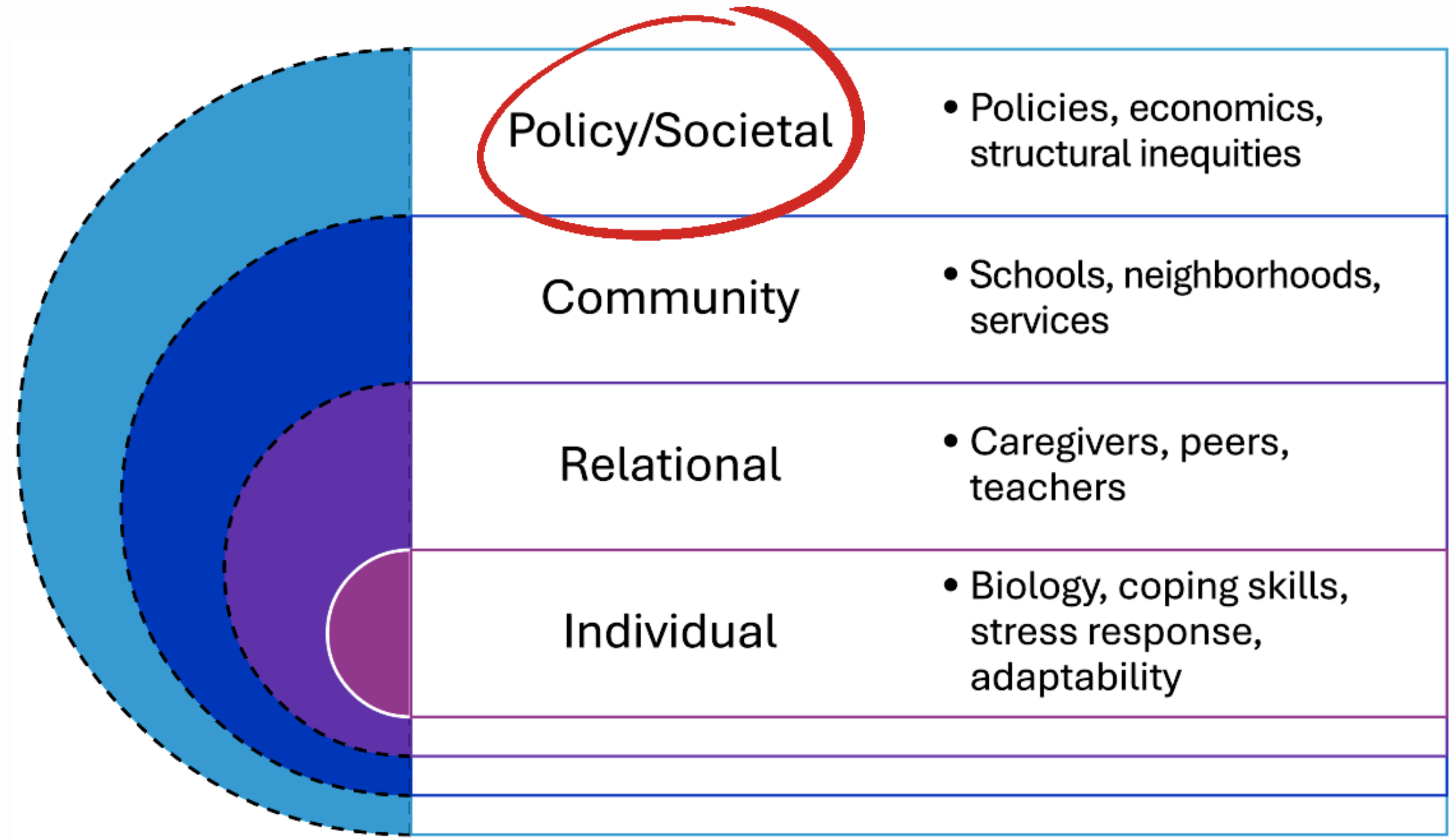
Rx Kids implementation was associated with POPULATION LEVEL outcomes:

32% decrease in screened-in CPS allegations among infants in the first 6 months of life

Translates to prevented 57 infants being involved in the child welfare system, over the study period

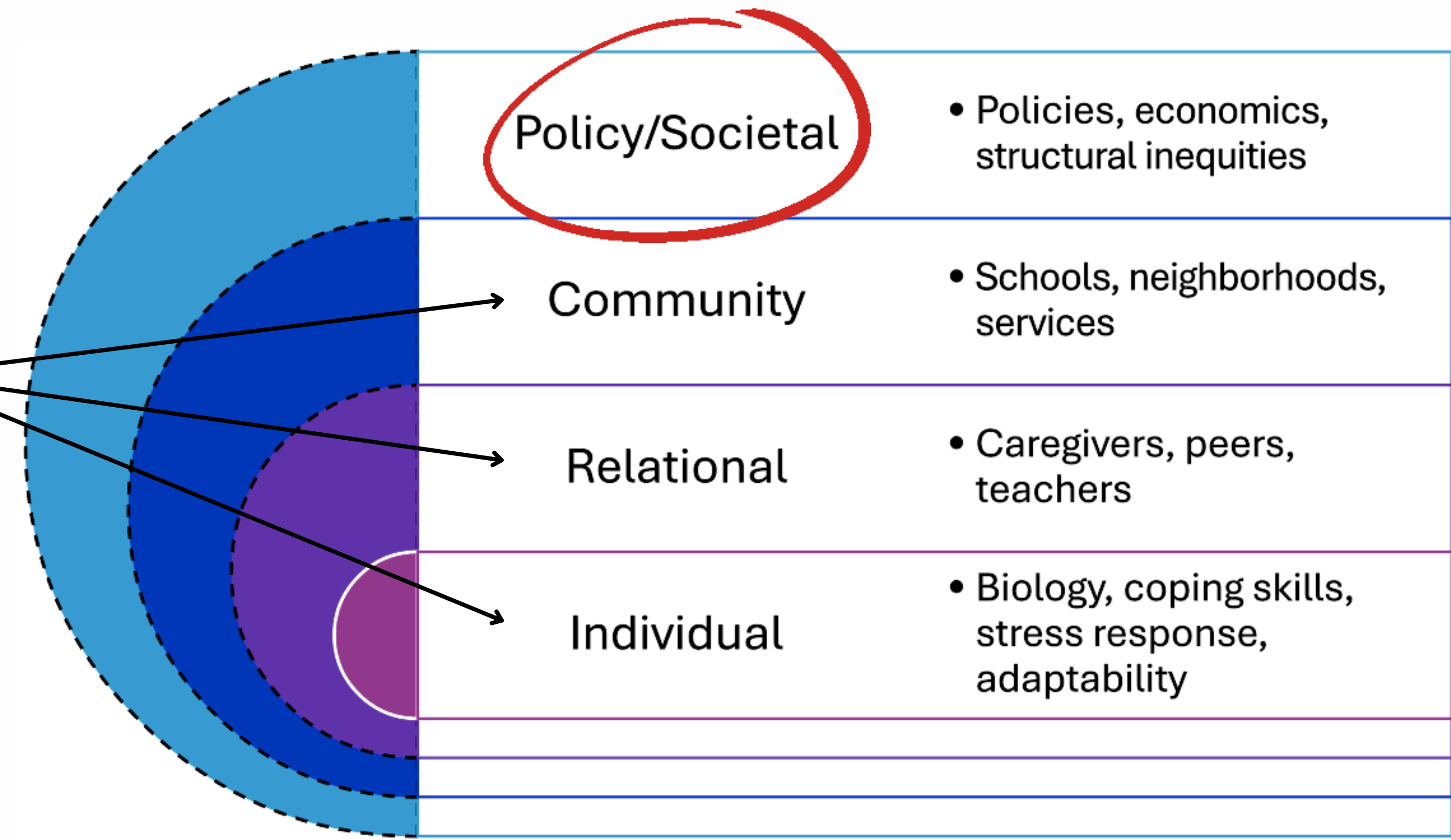
Read Pre-Printed research at [arXiv](#)

Rx Kids in the Framework



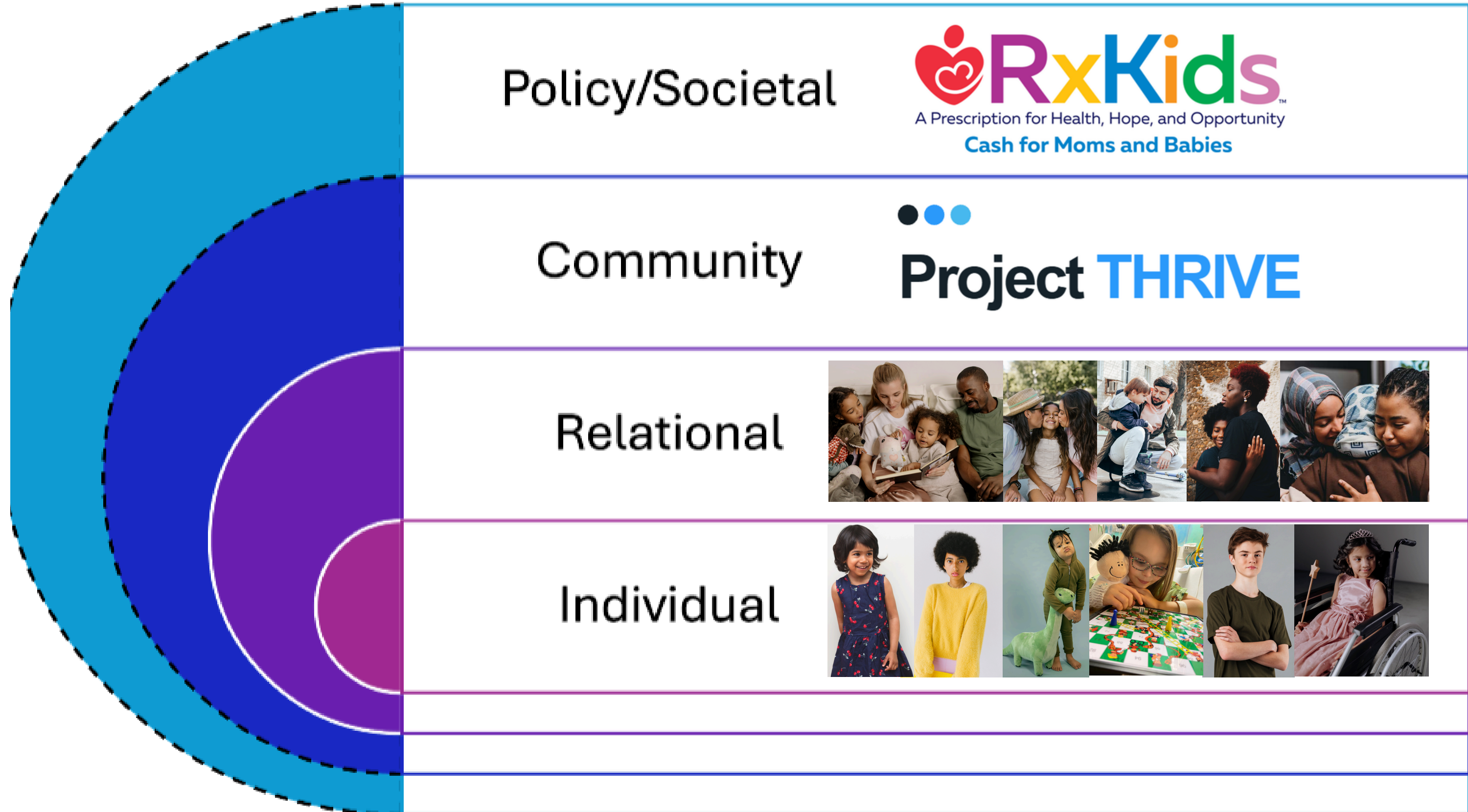
Rx Kids in the Framework

Enabling ...




All Are Needed

Programmatic + Structural | Local + Scalable | Immediate + Upstream
Collective Impact = Alignment







Where do you intersect - and what do you do from there?

LOCATE YOURSELF

Everyone operates within a sphere of influence . . .

- CULTURE
- POLICY
- PRACTICE
- INDIVIDUAL
- RELATIONAL
- COMMUNITY
- SOCIETY



In My Role, What Is Mine To Do?

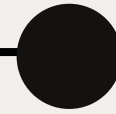
In my role, I can...



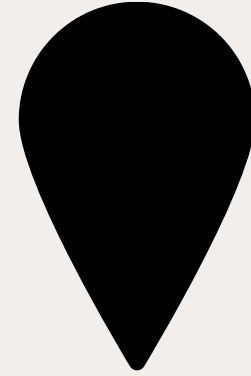
PROTECT



CONNECT



ADVOCATE



REIMAGINE

In My Role, What Is Mine To Do?

In my role, I can...

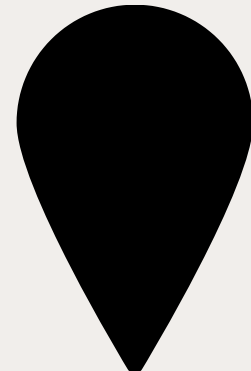


PROTECT

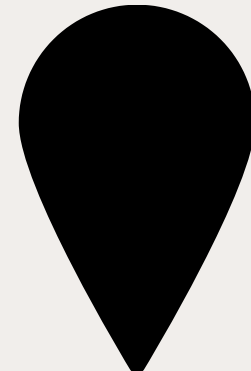
- Reduce harm & unnecessary stress
- Teach skills
- Promote equity & justice



CONNECT



ADVOCATE



REIMAGINE

In My Role, What Is Mine To Do?

In my role, I can...



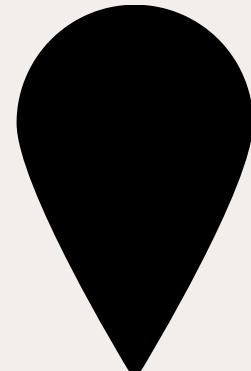
PROTECT

- Reduce harm & unnecessary stress
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- Promote equity & justice

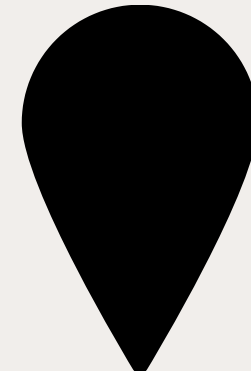


CONNECT

- Strengthen relationships, handoffs, networks, & opportunities



ADVOCATE



REIMAGINE

In My Role, What Is Mine To Do?

In my role, I can...



PROTECT

Reduce harm &
unnecessary stress
Teach skills
Promote equity &
justice



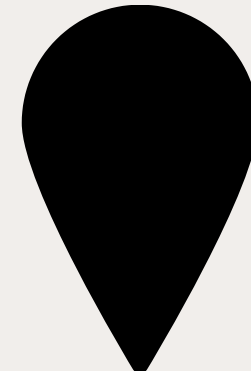
CONNECT

Strengthen
relationships,
handoffs,
networks, &
opportunities



ADVOCATE

Use my voice,
experiences,
expertise, data,
network, & position



REIMAGINE

In My Role, What Is Mine To Do?

In my role, I can...



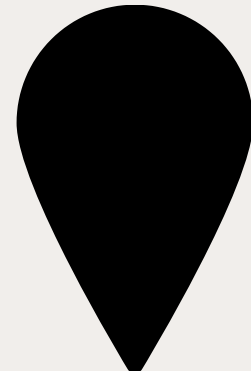
PROTECT

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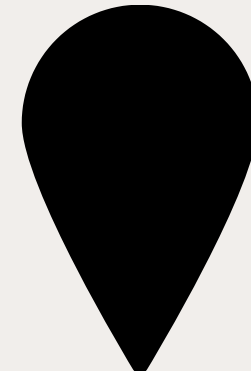
CONNECT

Strengthen
relationships,
handoffs,
networks, &
opportunities



ADVOCATE

Use my voice,
experiences,
expertise, data,
network, & position



REIMAGINE

Question
assumptions,
standards, policies,
& expectations
we've stopped
questioning

In My Role, What Is Mine To Do?

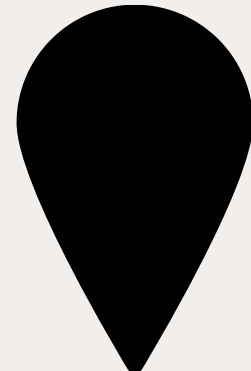
In my role, I can...



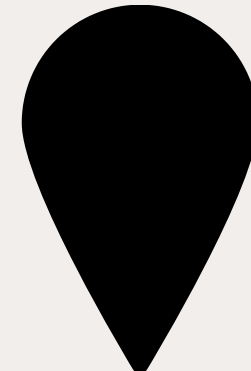
PROTECT



CONNECT



ADVOCATE



REIMAGINE

None require permission. All require **intention.**



One Action Is Enough.

One partnership strengthened | One policy questioned | One practice changed



The question isn't whether Michigan Cares
(we know we do)



The question is what we're ready to build
next...together.

Thank you for your role in making
pediatric mental health a story of public health victory.





QUESTION & ANSWER

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