

## BEHAVIORAL CONSULT

## Be Alert to Red Flags Heralding Families at Risk

Stress is nothing new to American families, who—over the generations—have endured wars, epidemics, natural disasters, and numerous economic downturns.

Today's dismal economic climate with continuing unemployment poses real challenges for families.

You should be especially attuned to warning signs that more children in your practice may be at risk for hunger, displacement from their homes and schools, and poverty-associated trauma, both physical and psychological.

The statistics are sobering.

In June 2010, unemployment stood at 14.6 million people, or 9.5% of the working-age population nationwide. Even more people are jobless in some unfortunate states and cities—more than 14% in Nevada, for instance; 14.5% in Las Vegas, Nev.; and 27.6% in tiny El Centro, Calif.

Homelessness among American families is growing, with 170,000 families seeking shelter in 2009, up from 159,000 the year before, according to the U.S. Department of Housing and Urban Development.

Every 3 months, another 250,000 families' homes enter foreclosure, putting one child in every classroom at risk of losing his or her home, according to the Mort-

gage Bankers Association. That statistic is so stunning—home foreclosures impacting one child in every classroom—that it bears repeating as it indicates every pediatric practice has more red flags in terms of psychosocial stressors than at any time in most pediatrician's career.

Families, as always, face crises unrelated to the economy as well: illness, marital discord, substance abuse, and intergenerational pressures, but economic downturns increase the prevalence of almost all of the crises on this list.

Poverty is the elephant in the room, exposing children to a host of contributors to an unstable environment that sets the stage for poor academic performance, increased mental health disorders, conduct problems, substance abuse, and difficulties in relationships.

The first red flag raised by a family in economic trouble probably isn't even seen in the examining room, but in your billing department, where reimbursements are likely down and delinquent accounts are likely up.

A family may be unable to produce a copay for a visit, or may have lost health insurance along with mom or dad's job. They may report multiple changes in their address. Mail from your office may be returned as undeliverable.

This is, of course, an economic prob-

lem for you and your practice, but it likely heralds medical and psychosocial problems as well. A child whose family cannot pay for your services may be twice as likely as a financially secure child to have depression, anxiety, and learning problems at school.

Your office staff may want to alert you to financial red flags not only as they appear on the office balance sheet, but as they relate to your care of the child as well.

Moving, for example, has many implications for a child's development and well-being.

A new address may mean changes in a child's school and after-school activities, the loss of friends and close access to extended family members, and a shattering of the security of familiar places and routines. If the move was involuntary, say, a forced exit from a foreclosed home, parents may be so distracted and emotionally spent, they may not have devoted time to calmly explaining to the child what will change and what will stay the same.

I always think it's a good idea, but especially so in hard times, for you to ask one screening question of every family during routine office visits.

That bushel basket question is, "Are there any ongoing tensions affecting the family?"

Answers can potentially cover a lot of ground, and may open the door to a family sharing financial concerns, as well as any other issues that may be troubling

them: a recent move, concern about a family member, or signs of domestic strife.

Red flags may appear during your examination as well. Immunizations may not be up to date, problems are suddenly arising at school, or a there may be a change in trajectory of the child's weight curve due to a lack of nutritious food.

Fatigue and stress associated with family troubles may be cloaked in somatic diagnoses: headaches, stomachaches, chest pain, weakness, or dizziness in a child who never had such complaints before or where these symptoms previously have signaled stress.

Take a good look at the parent accompanying your patient as well. Does the mother or father seem more withdrawn, sadder, or more anxious than expected?

Often, you have an internal red flag, a vaguely unsettled feeling that something is not right. Do not underestimate the value of this clinical sixth sense. Listen to it. It may not be anything specific that you can put your finger on or diagnose, but if you're getting that signal from within, sit down and take the pulse of the family in these troubling times. ■

DR. JELLINEK is chief of child psychiatry at Massachusetts General Hospital and professor of psychiatry and of pediatrics at Harvard Medical School, Boston. He is also president of Newton (Mass.) Wellesley Hospital. E-mail him at [pdnews@elsevier.com](mailto:pdnews@elsevier.com).



BY MICHAEL S. JELLINEK, M.D.

## Later School Start Time Reduced Depressive Symptoms

BY MARY ANN MOON

FROM THE ARCHIVES OF PEDIATRIC AND ADOLESCENT MEDICINE

Delaying the start of school for as little as 30 minutes not only improved several measures of sleep in adolescents at a boarding school, it also improved depressive symptoms, the motivation and alertness to learn, and even some dietary habits, a study has shown.

"The results of this study add to the growing literature supporting the potential benefits of adjusting school schedules to adolescents' sleep needs, circadian rhythm, and developmental stage and of optimizing sleep and alertness in the learning environment," wrote Dr. Judith A. Owens of Hasbro Children's Hospital, Providence, R.I., and her associates.

They assessed the impact of delaying the school start time from 8:00 a.m. to 8:30 a.m. at a college-prep boarding and day school in Southern New England for 357 students in grades 9-12. Participating students anonymously completed the eight-page Sleep Habits Survey before (225 students) and after (201 students) a 2-month trial period in which the daily class schedule was delayed for 30 minutes (*Arch. Ped. Adolesc. Med.* 2010; 164:608-14).

The survey covers typical sleep and wake behaviors during the preceding week, sleep- and wake-behavior problems such as difficulty falling asleep and difficulty awakening, depressed mood, and daytime sleepiness under varying conditions.

After the change in school start time, students showed a significant 45-minute increase in sleep duration on school nights. This was due to both waking lat-

er on school mornings and going to bed earlier on school nights.

The proportion of students who reported that they rarely or never got enough sleep declined significantly from 69% to 34%, as did the proportion who reported that they "never" got a good night's sleep, which dropped from 29% to 12%.

The percentage of students who got less than 7 hours of sleep on school nights decreased markedly, from 34% to 7%. The percentage who got at least 8 hours of sleep on school nights rose substantially, from 16% to 55%.

Similarly, the percentage of students who reported being bothered by feeling "too tired and unmotivated" to do schoolwork, socialize, or participate in sports much of the time decreased significantly.

Data from the school's health center supported the students' perception that they were less fatigued after school start time was delayed. Significantly more students visited the health center for fatigue-related symptoms before the intervention than afterward, while visits for other medical concerns showed no change.

Data from the school's food services department showed a substantial increase in consumption of healthier foods at breakfast, from 35 servings per month to 83. Teachers' reports of absences and cases of tardiness at first-period classes decreased by nearly half.

Scores on a measure of depressed mood were significantly negatively correlated with sleep duration on

both surveys. After school start time was delayed, the percentage of students who rated themselves as at least somewhat unhappy or depressed decreased significantly from 66% to 45%, as did the percentage who reported feeling irritated or annoyed much of the time (from 84% to 63%).

This benefit in depressive symptoms is particularly noteworthy, "given the recent concerns raised regarding the relationship between insufficient sleep and both depressive symptoms and suicidal ideation in adolescents," Dr. Owens and her colleagues wrote.

They added that there had been considerable resistance to changing the school start time, voiced primarily by the faculty and athletic coaches. However, once the trial period concluded, "students and faculty overwhelmingly voted" to retain the later start time for the next term.

As one teacher commented, "I have found the 8:30 start to be the single most positive impact to my general quality of life at [the school] since I started 12 years ago."

The researchers cautioned that this study was limited in that it did not include a control group and relied on retrospective subjective self-reports rather than on objective measures of sleep variables. ■

**'I have found the 8:30 start to be the single most positive impact to my general quality of life at [the school] since I started 12 years ago.'**

**Disclosures:** The study was sponsored by Lifespan Hospitals of Rhode Island, a not-for-profit hospital network. The investigators reported no financial conflicts of interest.