

The Utah Children's Table Podcast

Hosted By Voices for Utah Children

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Episode 2: Children's Mental and Behavioral Health with Dr. Neal Davis

Link to podcast: <https://soundcloud.com/voices-for-utah-children/episode2>

[00:27.3] (Moe Hickey)

Good afternoon, and welcome to Utah's Children's table. My name is Moe Hickey. I'm the Executive Director of Voices for Utah, Children. And today I'm pleased to have Dr. Neal Davis, a pediatrician from Intermountain Health. Welcome, Neal.

(Neal Davis)

Yeah, great to be here. Thanks, Moe.

[00:42.7] (Moe Hickey)

Yeah. And so I don't butcher your, background in your bio. Why don't you tell us a little about yourself?

(Neal Davis)

Sure. So I'm a community pediatrician. I practice at Hillcrest Pediatrics, which is in Murray. And then I also am the associate chief medical officer for, Children's Health for Intermountain in what's called the Canyons region, which is

[01:05.4] (Neal Davis)

You can think of as Utah and Idaho. So in that role, I'd support the community pediatricians throughout the state in a network that we work on together. And then I help to support the different hospitals and things related to primary children's and really try and create a system of care for kids, if we can, to really try and support their health and wellness.

[01:29.0] (Moe Hickey)

Great. And, you're also, I, should full disclosure on the board of Voices for Utah. And we're thrilled to have you there. You also have a background, in some data as well, don't you?

(Neal Davis)

That's right. So I. I'm on the board for Voices, which is a great opportunity.

[01:46.5] (Neal Davis)

So thank you for that. And then, yeah, I did a health services research fellowship at the University of Michigan in child health, essentially pediatric health there. And so, I did that before coming back to Utah, which is where I'm from. I grew up in Murray, which is where my practice is now, across the street from my high school, I guess.

[02:07.0] (Neal Davis)

But, yes, I was in Michigan before coming back to Utah.

(Moe Hickey)

Great. Well, we'll dive right into it. You see children every day in your clinic. What are you noticing right now that concerns you?

[02:27.3] (Neal Davis)

I think the first thing still is mental health and behavioral health as a challenge that as a community and as a system and as a society that we're grappling with, I think we've made some progress there.

[02:46.3] (Neal Davis)

Fortunately, I think there's some data to suggest that. So that's a good thing. It still is. It still is the number one population health thing, as far as I can tell. And then I would say a second thing is definitely the challenges related to trust in the medical and public health systems and misinformation and challenges with having meaningful discussions about that.

[03:22.0] (Neal Davis)

So those are two big buckets, Moe. I don't know if that's a good place to start.

(Moe Hickey)

Yeah, I think that was a great place to start. As we travel the state, you know, behavioral health is probably number one or number two, depending on where we're in the state as a concern for parents.

[03:40.1] (Moe Hickey)

That seems to be something, you know, I've been involved in either educational issues or policy issues for about 20 years in Utah now. And, and I would say over the past five to seven years, behavioral health has really come to the forefront as a major topic.

[03:57.4] (Moe Hickey)

Any thoughts on why?

(Neal Davis)

Sure. I happen to be a fan of the Anxious Generation book by Jonathan Haidt. I don't think anyone has a corner on the market to the truth here.

[04:13.7] (Neal Davis)

At the same time, I feel like he did a very nice job describing the impact of a society that's essentially not built for children. Like we would think of people being hundreds of years ago in these communities where we're active and so forth.

[04:34.0] (Neal Davis)

And now where kids are more isolated, there's a lot of cement. In some ways our society is built for cars more than children. And then the issues related to screen time impacting things like relationships and physical activity and affecting the brain development of kids, and meaningful ways related to anxiety and depression, I think it's such a multifactorial thing.

[05:03.0] (Neal Davis)

I think he described it as well as anywhere I've seen. He tends to get a lot of attention on the screen issues. And yet it's really that all of those issues coming together, I think that are making it quite challenging for kids to have an optimal chance at social, and emotional and mental health.

[05:28.1] (Moe Hickey)

Yeah. I actually enjoyed his book as well. And you know, there was a lot of different takes on it. But one of the things that stuck with me and I grew up in New York City and we were raised as free range children, as the saying goes these days. Right. And, you know, Central park was our playground.

[05:44.8] (Moe Hickey)

But you learned responsibility, you learned results of your actions. There was a lot of things that I think were missing just in the general foundational structure. Right. As we go forward right now, just a side note, I've asked this question since I was on the school board a number of years ago.

[06:03.2] (Moe Hickey)

I started asking it jokingly, like, when did we give up responsibility as a society taking, responsibility. Right. And, to this day I've probably gotten 2,000 answers of when. But not one person has challenged my premise, which is kind of concerning. Right.

[06:23.9] (Moe Hickey)

I think, you know, he talks about that in the book as well. That, like, we tend to go to extremes too, like overprotective and making sure that, like, you know. Yeah. Can't be at the playground playing with their friends and making a mistake. Falling down.

[06:45.0] (Moe Hickey)

Well, one. One area that we've also heard is, in the behavioral health side of things, children are showing signs earlier. Are you seeing that in your work?

(Neal Davis)

Of behavioral health challenges?

(Moe Hickey)

Yeah.

[07:04.2] (Neal Davis)

That's an interesting question. I don't know the answer to that. What I can say just in our, working with the pediatricians across the state, who are awesome. I feel like we are so lucky to have the group of pediatricians that we do in Utah.

[07:20.1] (Neal Davis)

We've got great people here. We've been working on this collectively, and we started with the teenagers and trying to identify earlier the challenges and get supports and things like this. And, we are better at it. Our infrastructure that we built in the primary care offices, our ability to connect to community resources and behavioral health services is better.

[07:41.7] (Neal Davis)

And that's partly because schools have done things, because health systems have done things, partly because the state of Utah has done things. And in reviewing the SHARP data recently, the school health survey data, things are actually improved for 8th, 10th and 12th graders significantly.

[08:02.7] (Neal Davis)

And that is good. What we saw getting to your question, though, is that the sixth graders aren't improved. So this particular survey does 6, 8, 10, and 12. Those are the grades that are surveyed, and the sixth graders are flat or getting worse. So I.

[08:20.1] (Neal Davis)

Are we seeing more? Maybe. I also think that's an area we want to go. We want to find out the answer to that question. So our network of pediatricians is. Let's. Is talking about really getting upstream to early childhood.

[08:35.3] (Neal Davis)

Let's understand where we can catch those early signals and try and be as preventive as we can be. So I don't know exactly. And I think we intend to find out. Yeah, I mean, and you and I have had this conversation in the past.

[08:53.7] (Moe Hickey)

I think the data is so important. And you know, because sometimes there's also the overreaction. Right. That like, every child has a problem or,

(Neal Davis)

Yes,

(Moe Hickey)

we're not. Or we're not addressing things. And as you pointed out, we have so many good pediatricians in Utah and, you know, we fortunately get to work with a lot of them.

[09:14.9] (Moe Hickey)

You get to work with them on a regular basis. And I think our children are very well taken care of in the state. We have some gaps and, you know, we're working on that, you know, one of this sort of leads into the next question.

[09:34.0] (Moe Hickey)

And I like the fact you were talking about preventative or upstream. I know intermountain focuses on social determinants to health. So I still look at a lot of different metrics, not just, the direct health issue.

[09:51.0] (Moe Hickey)

How much of what you're seeing in the exam room, would you say, or however you want to address it. Things like insecure housing, food insecurity, lack of proper child care.

(Neal Davis)

Those are huge things.

[10:07.0] (Neal Davis)

And so the early childhood strategy that we're working on fits into a model where we try as best we can to get an assessment of not just the child, but the system supporting the child.

[10:25.6] (Neal Davis)

So you're right. Social drivers of health, things like that, are part of the assessments. And we have been working on that collectively for a decade now. And with that in mind, the response is our ability to connect into supports for families are significantly better than they were 10 years ago.

[10:47.7] (Neal Davis)

So I think it's a really big deal.

[10:52.9] (Neal Davis)

I think it has major impact, and it's part of an overall model to focus on early childhood. If we're going to. If we're going to really unleash the joy and potential of every child, which is what I like to say is my personal mission, we have to nurture the nurturers.

[11:09.3] (Neal Davis)

We've got to figure out how to support those people that are the natural nurturers in that child's life. And that, I think, is what you're getting at.

(Moe Hickey)

Yeah. You know, we won't talk much about it today, but, you know, we're working on our own project as far as mapping and looking at different, factors.

[11:31.5] (Moe Hickey)

You know, one of the things, that I think would surprise a lot of people is starting with prenatal. There are toxic impacts that can take place.

(Neal Davis)

Yeah.

(Moe Hickey)

And through no fault of the child. Or maybe I could even go so far as no fault of the parents.

[11:48.6] (Moe Hickey)

The parents want to be that loving, nurturing parent, but they're in a difficult situation. Yes. Do you have some examples of, like, how that can manifest down the road?

[12:02.2] (Neal Davis)

Yeah, I have lots of examples there. That's such a good question. And there. There's so many points to try and support that for kids and for their families.

[12:22.2] (Neal Davis)

Let me just tell a story of a patient that I saw recently. She came in and was doing actually really well when I saw her. It now is, I think, a year and a half ago, maybe two.

[12:43.7] (Neal Davis)

Actually, probably two years ago, she had come in and had marked on our trauma screener where we, we asked about that toxic stress that she was 11 at the time. And she marked that she was, she had in her previous life when she was younger, experienced a lot of stresses that she, that still bother her.

[13:02.8] (Neal Davis)

It had to do with violence in her home. And that violence, it turns out, had to do with substance use on behalf of one of the, caregivers in the home. And so that really bothered her.

[13:20.0] (Neal Davis)

I could see her recoil. She started crying. I mean, it was really interesting. And her mom was there supporting her and hadn't realized how much this was still impacting her. So we were able to connect her into services and help her with trauma focused cognitive behavioral therapy, which helps people's

[13:38.1] (Neal Davis)

People and kids reframe their experiences so that they're empowered by them. And then I saw her when she was 13, so two years after she'd marked the same thing on the form. But she looked at me with confidence and we talked about, what have you learned about yourself?

[13:56.4] (Neal Davis)

And, and she was so strong, it was beautiful to see. And her mom, when I talked to her before, she said this Moe, she said that was exactly the age that she started to go off the rails, her words, when she was about 11, because of the same things that had happened in her home.

[14:17.6] (Neal Davis)

This is the mom speaking when she was growing up. So you, you get these cycles of stress, whether it's domestic violence or insecurity that can just perpetuate. And so ideally you'd want to catch that when they're little.

[14:36.3] (Neal Davis)

And that's what an early childhood strategy would be. And then you want to have a backup plan. So in an 11 year old you can identify it and create a different trajectory. It's kind of an all hands on deck thing. So yes, I do see it.

[14:53.1] (Neal Davis)

I see it all the time. I see it in the young children, I see it in the teens. And now though we have tools, we have models of care to try and make a dent in this and the statistically the evidence suggests that we can.

[15:09.6] (Neal Davis)

So I guess with all that said, yes, I see it all the time and I hope that in all of the partnerships we work on together, like in voices, that we can actually make a difference. And I think I'm seeing that too.

[15:26.6] (Moe Hickey)

I appreciate that. I think there have been inroads made, over the past couple years. But that leads me into a timely yet somewhat loaded question given that today's the last day of the legislative session. If lawmakers, if a lawmaker got to spend one day shadowing you in the clinic what do you think would change about how they view our system and what needs to be done from there? From their side?

[16:01.0] (Neal Davis)

Probably nothing now if they followed me for a whole year. So I had a medical student that followed me and saw the different systems that we, the models of care they talked about to understand social drivers of health or the different traumas and supports and things like this.

[16:19.4] (Neal Davis)

And, and I remember early in the year we were going in to see a family that has a lot of challenges, a lot. And I mentioned to him that that particular mom in that family is one of the most remarkable people that I know.

[16:40.3] (Neal Davis)

Like, amazing, I like. I, And yet at the same time, things are quite challenging. And the level of function is not what you would want for a child, let's say. And I think. I don't know what he thought after that first visit.

[16:58.1] (Neal Davis)

When you kind of see the level of struggle, the level of chaos at times, the different challenges. But I saw this family throughout the year with several children as they came in. And then at the end of the year, he said to me, after seeing that mom, he said, you know, now I understand what you meant when you said that she's one of the most amazing people, you know?

[17:26.2] (Neal Davis)

So I don't think it would. I don't think much would change in the day. I think their own ideas would still be the solutions. And it's different people's faults and responsibilities, but I think over time, if somehow people. The more we spend time with people and really know them and understand them, the less judgmental we are and I think the more respectful we feel and then the more useful we are to support them.

[17:52.4] (Neal Davis)

I think that's what it would take.

(Moe Hickey)

No, that's very well said. You know, we. Again, coming out of the session, I haven't quite reached the PTSD stage from this session. I think that's one of the things, and it's interesting that you brought up like, the respect and the acknowledgment because that's something that I think has been missing in a lot of the decision making.

[18:18.6] (Moe Hickey)

It's like demonizing groups of people or targeting groups of people, which is going to have a long term impact. I'm going to shift to hopefully a more positive topic. I know we've been talking with yourself, Primary [Children's] and others regarding the SEEK screenings. Yeah.

[18:43.2] (Moe Hickey)

And I don't know that unless some family's been in the clinic with you or with other pediatricians, they might not be aware of what that is. Can you just talk about that for a little bit, sure.

(Neal Davis)

So that's part of the early childhood strategy I've been talking about. SEEK stands for Safe Environment for Every Kid.

[19:00.6] (Neal Davis)

S E E K. It's an acronym, and it has to do with assessing different challenges that a family might be experiencing for young children birth through age 5. So it starts, it's a questionnaire, and then you respond to the questionnaire by a brief conversation to understand the family and then connecting them, when appropriate, to supports and resources that would be useful to them.

[19:24.6] (Neal Davis)

And then following up, things that we assess in the SEEK model have to do with. Do you need a smoke detector in your home? Does anyone smoke at home and do they want support with that? Is there food in the home?

[19:40.5] (Neal Davis)

So there's questions on food insecurity. And then it gets into a little more depth with the questions. Parenting stress, harsh discipline tactics, depression in the parents, violence in the home, and substance use in the home.

[20:00.4] (Neal Davis)

So it covers those things, but it starts a little more gently and gets into those heavier things. And then we try and understand what's going on, not in a way to incriminate people, in a way to try and support them. People often ask me, with getting that information, do you end up reporting to Child Protective Services?

[20:19.7] (Neal Davis)

I haven't once in over 10 years reported because of the information on the SEEK screener. I've had to report for other situations because I'm a mandatory reporter, but never once because of that information. It's worded and framed in a way so that we can have a conversation to support the family.

[20:36.7] (Neal Davis)

And the data shows that if we do the model that when, it was studied in a randomized control trial, reports to Child Protective Services were nearly cut in half in the intervention SEEK group compared to regular care. With the theory being that if we can actually understand people, respect them, support them, support them, we can help in ways that can reduce risk significantly for child abuse.

[21:03.4] (Neal Davis)

That's what it is.

(Moe Hickey)

Okay, that's helpful for me to keep hearing it because, you know, that's one of the. I think one of the challenges we have as a state, we refer to it internally as we're very much a reactive or punitive state at times, from the government side more than anything else.

[21:24.5] (Moe Hickey)

And instead of being proactive and maybe thinking about the family and thinking about the child first and seeing how we can move them forward, coming back to the legislature a little bit, but not too long because, I think it's an important piece.

[21:43.9] (Moe Hickey)

I think we all agree, and I always say this since I've been involved with the legislature, generally speaking, everybody agrees 0 to 5 is an important phase in a child life.

(Neal Davis)

Yeah.

(Moe Hickey)

Pretty universal. And yet we don't have the exact numbers after this session yet.

[21:59.1] (Moe Hickey)

But, less than 1% of our budget is actually spent on 0 to 5. Yeah. Kind of a frightening number when you really think about like from an investment standpoint. Yeah. If we gave you the magic wand or the speaker's gavel for a day, what would be like top two, top three places where you would say investment would have the biggest impact?

[22:28.5] (Neal Davis)

I think, I think the concept of supporting, nurturing the nurturers, meaning the family of these young ones, kind of prenatal to five, I think that resonates in Utah.

[22:46.1] (Neal Davis)

I think the, the idea of family, that this is really a pro family, this is about supporting parents, this is about empowering families. I think that does resonate. So what would I do?

[23:02.5] (Neal Davis)

I would try to educate folks that I think we're more aligned than we realized on this idea of supporting the family and respecting and understanding them and then, and then being useful to unleash their natural nurturing abilities.

[23:21.4] (Neal Davis)

I'm a big fan of home visitation, for example, for those families that really benefit from that and that can really. There's strong data for that. There's strong data on having good, strong preschool options for families that support the families.

[23:40.5] (Neal Davis)

There's a lot of data again on having supports for the parents as well, different models of care that support parents and caregivers, grandparents, others.

[23:53.2] (Neal Davis)

The child care that you talked about, being able to make sure that the child care that's being provided is understanding the power of that nurturing and is using the most evidence based and the up-to-date models for that care.

[24:08.5] (Neal Davis)

There's so much Moe. I think you know that too.

(Moe Hickey)

That was, that was kind of a loaded question. Well, we have a few minutes left and I'm gonna, I'm gonna give you the. We're gonna go out on a positive note.

(Neal Davis)

Yeah.

(Moe Hickey)

I'll tie the two questions together. Where is Utah?

[24:26.0] (Moe Hickey)

Where are some areas that Utah's leading the way on behalf of, children? And then followed up by what gives you hope for the future for the children of Utah?

(Neal Davis)

I think that area of mental health that I talked about in the beginning, I think Utah has done a good job.

[24:47.1] (Neal Davis)

Actually the state, philanthropy, health system, schools, local mental health authorities aligning and saying this is an important thing, and working together on systems. And we are.

[25:04.2] (Neal Davis)

We are literally seeing that improvement in the data that I talked about. I, I do feel like Utah's done a good job with that. I, as I mentioned, would like to see that continue as we move upstream for younger children. And. And again, to your point about early childhood, I do have hope. I. I really.

[25:27.3] (Neal Davis)

I feel like all of us are much more similar to each other than we realize, even if we're ideologically very different. I often wonder if I. When I'm seeing someone who's so ideologically different potentially than a view that I might have on a certain thing, if I grew up in that circumstance, if I had that situation, there's a very good chance I might have the same view they have.

[25:51.9] (Neal Davis)

So just being able to, I think, sit down and understand each other, talk through things, understand our shared goals, I think we can do that. I think we have done that in the mental health space, and I think we can keep doing that in other spaces for children.

[26:13.5] (Moe Hickey)

That's a great note to end on, and I agree with you. I was just telling somebody this morning up at the Capitol that, you know, when we go out across the state, yes, we hear about issues, but the one thing we also hear about is people care for their children, people care for their family, people care for their communities.

[26:32.4] (Moe Hickey)

We just got to figure out, you know, when we have different opinions on how to achieve some goals, how can we work together on it? Yep. Well, Neal, thank you so much for your time. I really, as always, appreciate chatting with you, and look forward to working with you in the coming years.

[26:52.1] (Neal Davis)

Thanks, Moe. Thanks for doing this. I think this is a great idea.