



# Focus on Mental Health

QTIP Behavioral Health  
Kristine Hobbs, LMSW



**1 in 5 Children In South Carolina Experiences a Mental Health Disorder**

**Pediatric Visits**  
Pediatrics, 2006...24% of pediatric primary care visits involve behavioral, emotional or developmental concerns

**Suicide**  
3rd leading cause of death - 15-24 yr olds  
4th-leading-cause-of-death—10-14-yr-olds  
3rd leading cause of death - 10-14 yr olds

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**20/20**

Barbara Ward-Zimmerman, Ph.D.  
Child Health and Development Institute of Connecticut, Inc.  
Society for Research in Child Development, 2009

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## SC – Kids and Suicide?

**Leading Causes of Injury Deaths among Children by Age Group, SC 2006 to 2010**

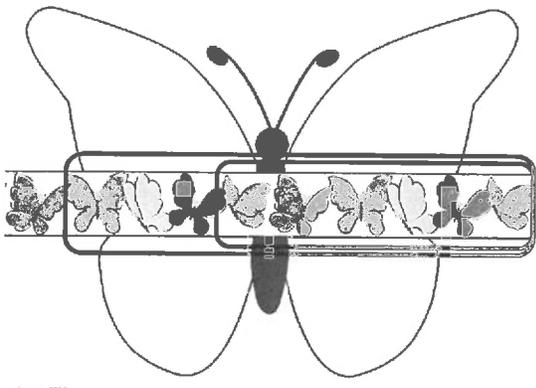
Age Groups	Rank		
	1	2	3
0 to 1 years	Other and unspecified passenger accidents and fire accidents 21%	Homicide 17%	Other public accidents 15%
1 to 4 years	Motor vehicle accidents 22%	Homicide 20%	Accidental drowning and submersion 11%
5 to 9 years	Motor vehicle accidents 45%	Homicide 19%	Accidental drowning and submersion 13%
10 to 14 years	Motor vehicle accidents 40%	Fire 27%	Accidental drowning and submersion 16%
15 to 17 years	Motor vehicle accidents 27%	Homicide 30%	Suicide 11%

1. South Carolina Child Suicide

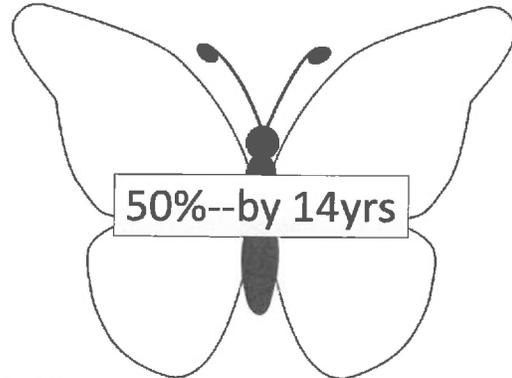
For South Carolina children ages 10 to 14, suicide is the second leading cause of injury deaths. For South Carolina children age 15 to 17, suicide is the third leading cause of injury deaths.

Data Source: SC Department of Health and Environmental Control

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**50%--by 14yrs**

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## AAP Mental Health Toolkit

### Framework for MH Activities

- Community Resources
- Health Care Financing
- Support for Children and Families
- Clinical Information Systems/Delivery Systems Redesign
- Decision Support for Clinicians

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## AAP Mental Health Toolkit

### Framework for MH Activities

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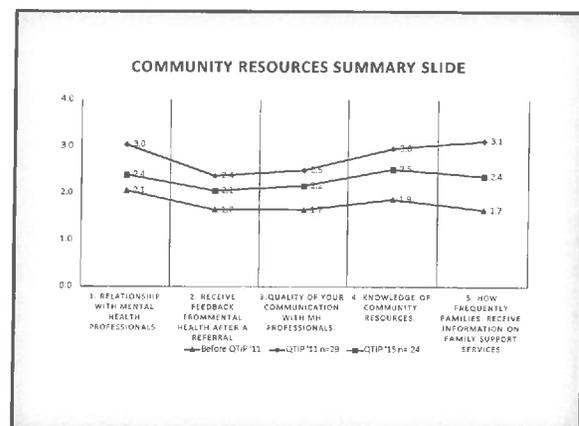
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## Community Resources Actions:

- Visits
- Referral Loops
- Liaison

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### Referral and Feedback Forms...



### Healthcare Financing Actions:

- Medicaid Bulletins
- Advocate
- Office Flow

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### NAMI – “What Families want from Primary Care”

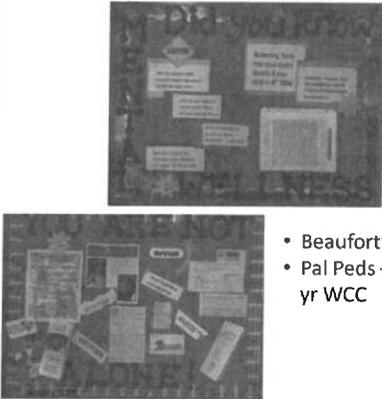
- Resources
- Office Set-Up
- Supportive, non-judgmental atmosphere
- Routine Screenings, questionnaires, and or checklists

Taken from NAMI brochure, “What Families Want from Primary Care”  
<http://www.nami.org/template.cfm?template=/contentmanagement/contentdisplay.cfm&contentid=120672>  
 Full document <http://www.nami.org/template.cfm?template=/contentmanagement/contentdisplay.cfm&contentid=120671>

### Support for Children and Families Actions:

- Bulletin boards
- Group Visits
- Handouts
- Family Advocacy Groups

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- Beaufort’s Bulletin Boards
- Pal Peds –handouts at 6-10 yr WCC

**TEEN WELLNESS**

**LRMC** Lenoir-Rhyne Medical Center

An LRMC program and resource to provide support and guidance for youth with mental health concerns. We offer a safe, confidential space for youth to discuss their concerns and receive support. Our goal is to provide youth with the information and resources they need to live a healthy and successful life.

Services include:

- Individual and group sessions
- Support groups for youth and parents
- Peer support
- Individual counseling
- Crisis intervention and referrals
- 24-hour crisis line
- 24-hour crisis line

In North Carolina, we are needed the most by:

- Children from low-income households
- Children with mental health conditions
- Children with chronic health conditions
- Children with a history of trauma
- Children with a history of substance use

in South Carolina's vulnerable population of 18-year-olds:

- Confirmed cases of cocaine use
- Confirmed cases of marijuana use
- Confirmed cases of alcohol use
- Confirmed cases of prescription drug use
- Confirmed cases of mental health issues

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### CHOC and Families...




- Hispanic Families Health Fair...
- Asking families when they leave the office about their experiences that day...

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Referral Assistance/Care Coordination

- Resource Parents
- Community Health Workers

BJHCHS

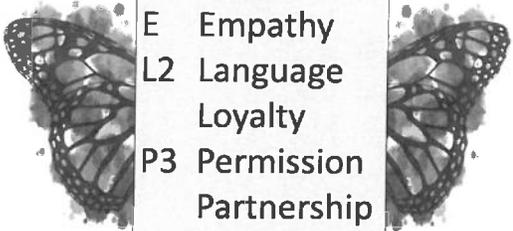
- NAMI of Beaufort leading to Family Classes at their location

Carolina Peds of Cheraw

- Connected to their First Steps
- Connected a child with grief camp after the parent died



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**H Hope**  
**E Empathy**  
**L2 Language**  
**Loyalty**  
**P3 Permission**  
**Partnership**  
**Plan**

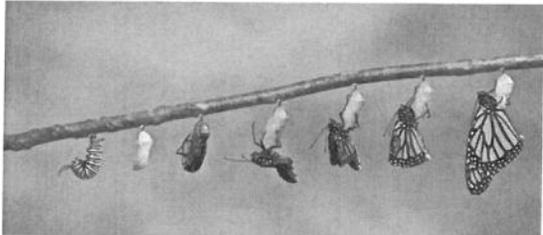
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**System Redesign Actions:**

- Quality Improvement Techniques
- Screening Protocols
- EMRs
- Clinical Guidelines for Care
- Referral and Feedback Loops

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**Multiple Visits....**



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Dr. Edwards has started  
Group ADHD visits



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**Barnwell handout....**

**Medication Guide**  
**About Using Antidepressants in Children and Teenagers**

**What is the most important information I should know if my child is being prescribed an antidepressant?**

Parents or guardians need to think about 4 important things when their child is prescribed an antidepressant:

1. There is a risk of suicidal thoughts or actions
2. How to try to prevent suicidal thoughts or actions in your child
3. You should watch for certain signs if your child is taking an antidepressant
4. There are benefits and risks when using antidepressants

...handout goes on to explain each of these four statements...

January 2016 <http://www.ga.gov/downloads/for-ugc/for-ugc/safety/informat/cnbwtrugclass/UCM161646.pdf>

### Barnwell handout....

**Amidst Parental Control Between Parent/Pediatric Provider**

A handout has been given to you and explained on the risks and benefits of using an antidepressant. I am fully aware there have been instances of increased and child brought and attempts by parents who are taking antidepressants. I am also aware that if my child does not adhere to the recommended schedule set by their provider, antidepressants will no longer be prescribed. I expect there to be any child on an antidepressant at the time being fully aware of the expected risks and benefits. I agree to monitor the child's medical and behavior of my child while being in taking the antidepressants and will report any questionable behavior to their provider immediately.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### Beaufort Peds Edinburgh Consent...

HEALTHY MOMMIES make HEALTHY BABIES and WE want to ensure the BEST possible care for your family. I, \_\_\_\_\_ (mother's name), give permission to share this information with my OB or general practitioner if my pediatrician/healthcare provider at Beaufort Pediatrics feels it is in the best interest for me or my infant/child.

**EDINBURGH POSTNATAL DEPRESSION SCALE**

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Weeks pregnant: \_\_\_\_ or weeks postnatal: \_\_\_\_

Baby Name(s): \_\_\_\_\_ Given Name(s): \_\_\_\_\_ TOTAL SCORE:

**INSTRUCTIONS:**  
Please circle in one circle for each question that is the closest to how you have felt in the PAST SEVEN DAYS.

1. I have been able to laugh and see the funny side of things:  
 As much as I always could  
 Not quite as much now  
 Definitely not so much now  
 Not at all

2. I have looked forward with enjoyment to things:  
 Yes, most of the time I have  
 Yes, sometimes I haven't been coping as well as usual  
 No, most of the time I have coped quite well  
 No, I have been coping as well as ever

3. I have been able to cope with my baby:  
 Yes, most of the time I have  
 Yes, sometimes I haven't been coping as well as usual  
 No, most of the time I have coped quite well  
 No, I have been coping as well as ever

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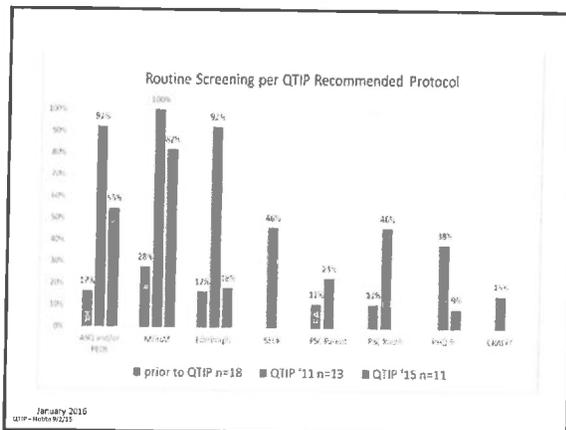
- ### Other ideas...
- Recall and reminder systems for your children on ADHD medications
  - AnMed – did PDSA cycles looking at depression medication management
  - Three of our Midlands practices are working with their local DMH center on feedback loops
  - Several of you are still considering your options around co-located behavioral health providers
- January 2016

### SC QTIP Recommended Routine Screening Protocol

Babies and Preschoolers	Elementary School	Adolescents
<b>Developmental Screening</b> <u>ALL:</u> ASQ-3 or PEDS MCHAT	<u>All:</u> PSC – parent report	<u>All:</u> PSC-Y 11+
<b>Psychosocial/Environmental Risk Factors - ALL</b> Edinburgh Post-Partum depression screen for moms SEEK-PSQ	<u>If indicated:</u> SCARED – 8+ Vanderbilt	<u>If indicated or desired:</u> Modified PHQ-9 CRAFT SCARED Vanderbilt

(see website for links)

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### Carolina Peds Protocol

Health Screenings for Carolina Pediatric Patients and Families

Screenings	Ages	Given	Yearly Office Forms
CRAFT	11-18 years of age	At Well Checks or if Parent/Child expresses a concern (mental, social, etc)	Yearly Well Exams
PSC-Y	11-18 years of age	At Well Checks or if Parent/Child expresses a concern (mental, social, etc)	Yearly Well Exams
PHQ-9		Only if above screenings "flag" for PHQ-9	
SCARED		Only if above screening "flag" for SCARED	
Edinburgh	At 2 weeks and 2 months	Given to mother at 2 week well exam for a newborn and 2 month well exam.	EPHSA for consent to share with OB/GYN
PEDS	9, 18, 24 Months (unless a screening is missed during this time)	At well checks - see Ages column. 3 screenings can be given by the age of 36 months. If PEDS screening is positive	
Ages and Stages			

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### Clinical Decision Making Actions:

- TA Visits
- Psychiatric Consultation
- Skill Building
- Share Resources

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### Decision Support

- On-line Training Resources
- Care Guides
- AAP MH Toolkit Cluster Guidance
- Consultation by Dr. Khetpal
- Coaching on MI and HELP

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**H Hope**

**E Empathy**

**L2 Language**

**Loyalty**

**P3 Permission**

**Partnership**

**Plan**

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Primary Care Principles for Child Mental Health

Whole Document: [Download PDF](#)

Individual Sections:

- Introduction
- Medical Guide To Services
- General Case Principles
- U.S. Mental Health Resources
- Evidence-Based Treatment Overview
- ADHD
- Anxiety
- Autism
- Bipolar
- Depression
- Eating Disorder
- Substance Use/Behavioral Assessment
- Stress/Anxiety
- Subsidiary
- PTSD
- Coastal Prevention Tools
- Guidance on the Subject

in Spanish:

- ADHD Resources
- Anxiety Disorders
- Autism Resources
- Bipolar Resources
- Depression Resources
- Eating Disorder Resources
- Disruptive Behavior Disorders
- Stress/Anxiety
- Substance Use/Behavioral Assessment
- PTSD

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### AAP Mental Health Task Force

**“The PCP has the capacity to have a positive impact on a child’s mental health without knowing precisely the child’s diagnosis”**

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### How will this work...

In looking at where you want to be, we have to be aware of what fits your Pediatric Practice’s needs. We need...

- To figure out what YOU want;
- To be aware of YOUR patient population;
- To take into account YOUR skills, knowledge and comfort level; and
- To look at what financing works for YOU.

**THEN, we can look the integration model for YOUR practice**

**WE ARE DOING THIS ON A PRACTICE BY PRACTICE BASIS.**

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