Focus on Mental Health

QTIP Behavioral Health - 101
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

Nationally:
3rd leading cause of death – 10-14 yr olds
SC: 3rd leading cause of death – 10-14 yr olds

20/20

Barbara Wood-Benjamin, Ph.D.
Child Health and Development Institute of Connecticut, Inc.
Society for Renegades, 2009

Integration - a balancing act...

50%--by 14 yrs
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

AAP Mental Health Toolkit

Community Resources Actions:
- Visits
- Referral Loops
- Liaison

Referral and Feedback Forms...
Healthcare Financing Actions:

- Medicaid Bulletins
- Advocate
- Office Flow

NAMI – “What Families want from Primary Care”

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

Support for Children and Families Actions:

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

CHOC and Families...

- Hispanic Families Health Fair...
- Asking families when they leave the office about their experiences that day...
• Routed ED handout to families for comment before distribution
• Instructions posted in Spanish and English
• Binder of community resources in waiting room
• Created a lending library for families

System Redesign Actions:
• Quality Improvement Techniques
• Screening Protocols
• EMRs
• Clinical Guidelines for Care
• Referral and Feedback Loops

Barnwell handout....

Barnwell handout....

Beaufort Peds
Edinburgh Consent...

H  Hope
E  Empathy
L2  Language
Loyalty
P3  Permission
Partnership
Plan
Other ideas...

- Recall and reminder systems for your children on ADHD medications
- Labeled folders containing handouts
- Created staff orientation notebook for new staff
- Three Midlands practices worked with their DMH centers on feedback loops
- Assign nurses specialty areas for patient care

SC QITIP Recommended Routine Screening Protocol

<table>
<thead>
<tr>
<th>Babies and Preschoolers</th>
<th>Elementary School</th>
<th>Adolescents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Developmental Screening</td>
<td>ASQ-3 or PEDS</td>
<td>ASQ/ASQ-Y 11+</td>
</tr>
<tr>
<td>SWYC</td>
<td>SWYC</td>
<td>SWYC</td>
</tr>
<tr>
<td>Psychosocial Environmental Risk Factors</td>
<td>If indicated: SCARED + B+ Vanderbilt</td>
<td>If indicated or desired: Modified PHQ-9 CRAFFT SCARED Vanderbilt</td>
</tr>
<tr>
<td>Edinburgh Post-Partum depression screen for moms SEEK-PSEQ</td>
<td></td>
<td></td>
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</tbody>
</table>

(see website for links)

Carolina Peds Protocol

Routine Screening per SC QITIP Recommended Protocol

<table>
<thead>
<tr>
<th>Ages</th>
<th>11-15 years of age</th>
<th>16-17 years of age</th>
<th>18-21 years of age</th>
<th>22 and older</th>
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</thead>
<tbody>
<tr>
<td>Scores</td>
<td>High</td>
<td>Moderate</td>
<td>Low</td>
<td>High</td>
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<tr>
<td>PQRS</td>
<td>SCARED</td>
<td>EASE</td>
<td>PP</td>
<td>SCARED</td>
</tr>
<tr>
<td>Ages and Stages</td>
<td>2 weeks to 12 months</td>
<td>1 year old to 12 months</td>
<td>1-5 years of age</td>
<td>5-17 years of age</td>
</tr>
</tbody>
</table>

Clinical Decision Making Actions:

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

Decision Support

- On-line Training Resources
- Care Guides
- AAP MH Toolkit
- Consultation by Dr. Khetpal
- Coaching on MI and HELP
Primary Care Principles for Child Mental Health
Dr. Robert Hilt, MD

Care Guide Topics:
- ADHD
- Anxiety
- Autism Spectrum Disorders
- Bipolar
- Depression
- Developmental Screenings
- Disruptive Behavior and Aggression
- Eating Disorder

General Care Guide Format:
- Algorithm
- Rating Scales
- Scoring Instructions
- Medication
- Resources for the child and family

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"

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.