Behavioral Health: How to Integrate it into your Practice and Why you Should

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Chief Psychologist
MENTAL HEALTH CRISIS

BY LOLA BUTCHER

TREATMENT SETS OFF NEW STANDARD

Mental health

Psychiatrists call for more facilities

Hospitals short of funding

Doctors get refresher on mental health

Schizophrenia medication

Better training for psychiatric nurses

Personality disorders go undetected

A SYSTEM IN CRISIS

CHILDREN IN NEED FACE SHORTAGE OF MENTAL HEALTH SERVICES IN SKAGIT

Mount Vernon - Last spring, a 13-year-old Skagit County boy

was found dead in a shed. His death raised concerns about the lack of

mental health services for children in the area.

"It's a system in crisis," said Dr. John Smith, a local

psychiatrist. "Children are not getting the help they need in a timely

manner."

The lack of resources and funding for mental health services in the

area has been a persistent problem for years. According to a recent

report, the number of children in need of mental health services has

increased significantly in recent years.

"We need more resources and funding to provide the care children

need," said Dr. Smith. "We cannot continue to ignore this issue.

It's time for action."

CHOC Children's
One in Five
Mental health: A state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with adversity.
Co-Occurring Medical-Psychological Conditions

• Examined prevalence of psychiatric and social adjustment in children (4 – 16 years)
• Children with chronic illness and disability - > 3 times risk for psychiatric and social adjustment problems
• Children with chronic illness and no disability – 2 times greater risk for psychiatric problems
• Few specialized therapists
For the first time in more than 30 years, mental health conditions have displaced physical illnesses as the top 5 disabilities in US children. Nearly 8% of children have an activity-limiting disability.
# Leading Causes of Death in 10- to 24-Year-Olds

**United States, 2014**

<table>
<thead>
<tr>
<th>Cause</th>
<th>% of Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accidents</td>
<td>50%</td>
</tr>
<tr>
<td>Suicide</td>
<td>17%</td>
</tr>
<tr>
<td>Homicide</td>
<td>14%</td>
</tr>
<tr>
<td>Cancer</td>
<td>6%</td>
</tr>
<tr>
<td>Heart Disease</td>
<td>3%</td>
</tr>
<tr>
<td>Congenital anomalies</td>
<td>2%</td>
</tr>
</tbody>
</table>

Data Source: Centers for Disease Control and Prevention
Youth Risk Behaviors Survey Report, MMWR, June 2016
Why does children’s mental health matter?

• Mental health is key to the overall health of children
• No other illnesses harm as many children so seriously
• Untreated mental health issues leads to:
  – Increased health care utilization as adults
  – Decreased school achievement
  – Increased risk of under-employment and poverty
  – Increased risk of incarceration
  – Increased risk of alcohol and other drugs
Factors affecting health care utilization

• Highest utilizers in CHOC Primary Care

• One study found that almost a third of variance in primary care utilization was predicted by:
  - parental stress and self-efficacy to cope with parenting demands
  - child behavior problems
  - self-efficacy for accessing physician assistance
  - medication use
  - parent health care use

J of Ped Psych, 2003
Depression and Suicide in High School Students

Youth Risk Behavior Surveillance, 2015, CDC.ORG
Adolescents with Depression: Received treatment in last year?

- Treatment: 35%
- No treatment: 65%
Teens with untreated depression are more likely to engage in risky sexual behaviors, leading to higher rates of pregnancy and sexually transmitted diseases.

Recognize TEEN DEPRESSION before it’s too late!

@secondopiniontv
Pediatric Psychiatric Related Visits to ED

- 3.3 to 5% of pediatric visits to Emergency Department for psychiatric reasons
- Psychiatric diagnoses rising faster than any other category
- Children with psychiatric diagnoses had higher rates of admission (30.5% vs. 11.2%)
- Children had longer length of stay (median 3.2 vs. 2.1 hours)
- 26% increase in pediatric psychiatric visits between 2001 and 2010
- One study found that only 1/5 of children received necessary follow-up treatment
Increases in Emergency Room Patients and Primary Psychiatric Patients – Year to Date 2013 - 2014

CHOC  CCMH  CHLA  Rady's  Oakland  Central CA

-10  0  10  20  30  40  50  60  70  80

Overall Pts  Psychiatric Pts
OC Suicide Rates

OC’s Rise in Suicides Largest Among Major U.S. Counties

Change in Suicide Rate
(1999-01 to 2011-13)

Orange County, CA

Source: U.S. Centers for Disease Control and Prevention data
Graphic by: Nick Gerda/Voice of OC
OC SUICIDE RATES BY RACE

OC Suicide Rates by Race
(Annual rate per 100,000 people)

Source: U.S. Centers for Disease Control and Prevention data
Graphic by: Nick Gerda/Voice of OC

CHOC Children's.
<table>
<thead>
<tr>
<th>County</th>
<th>Population under 18 years (rounded)</th>
<th>Inpatient Beds</th>
<th>Number per population</th>
<th>Number per 100,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orange</td>
<td>719,000</td>
<td>32*</td>
<td>1/22,468</td>
<td>4.45</td>
</tr>
<tr>
<td>LA County</td>
<td>2,322,000</td>
<td>217</td>
<td>1/10,700</td>
<td>9.34</td>
</tr>
<tr>
<td>San Diego</td>
<td>726,000</td>
<td>76</td>
<td>1/9,552</td>
<td>10.46</td>
</tr>
<tr>
<td>San Bernardino</td>
<td>575,600</td>
<td>76</td>
<td>1/7,573</td>
<td>13.19</td>
</tr>
<tr>
<td>Riverside</td>
<td>609,000</td>
<td>12</td>
<td>1/50,750</td>
<td>1.97</td>
</tr>
</tbody>
</table>

* Beds only for children 12 and older
Number hospitalized due to self-inflicted injuries

Per 100,000 population
Size of Inpatient Bed Problem

Total of 1805 admitted
2 admitted Northern CA
The Case for Screening for Behavioral Health

• Where do parents go when have concerns?
• 78% of parents sought help with psychosocial problems, 62% from pediatricians, 55% teachers, 25% counselor
• Studies of screening find between 10 – 25% of population meet cut-off scores
• Providers reported mental health counseling in 31.9% of visits, whereas parents reported counseling in 11.4% of visits (Brown & Wissow, 2008).
Selection of study group.

- All Visits
  - N = 21,150

- Psychosocial Problem Recognized
  - N = 4,012
  - 19%

- Psychosocial Problem Not Recognized
  - N = 17,138
  - 81%

- Not Currently in MH Treatment
  - N = 2,618
  - 65%

- Currently in MH Treatment
  - N = 1,394
  - 35%


©2000 by American Academy of Pediatrics
Massachusetts screening in Primary Care

- % Visits with screens
- % BH need identified
- No. of children with a mental health evaluation
Prepare for Screening

• When to give assessment?
  – Prior to the visit?
  – When check in?

• Who gives the assessment?
  – Front office staff?

• Who will score?

• Prepare how you want to counsel the parents/child
  – Address parent’s questions

• Prepare for referral if necessary
  – Consider release of information for discussion with provider

• Schedule follow-up (as you would for any subspeciality referral)
## Pediatric Symptom Checklist – ages 4 – 18 years

<table>
<thead>
<tr>
<th></th>
<th>Never (0)</th>
<th>Sometimes (1)</th>
<th>Often (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Complains of aches/pains</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Spends more time alone</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Tires easily, has little energy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Fidgety, unable to sit still</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Has trouble with a teacher</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>Less interested in school</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>Acts as if driven by a motor</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>Daydreams too much</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td>Distracted easily</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td>Is afraid of new situations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td>Feels sad, unhappy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td>Is irritable, angry</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13.</td>
<td>Feels hopeless</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14.</td>
<td>Has trouble concentrating</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15.</td>
<td>Less interest in friends</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16.</td>
<td>Fights with others</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Pediatric Symptom Checklist

Pictorial Pediatric Symptom Checklist (PPSC)
[La Lista de verificación Pediátrica pictórica de Sympton-17]

Nombre de niño  Fecha del Nacimiento  Fecha de hoy

Indique con una ✓ la frecuencia con la que su niño(a) hace lo que se muestra en la pregunta:

1. Nervioso(a), incapaz de estarse quieto(a)
   - Nunca
   - Algunas veces
   - Con frecuencia

2. Es incansable
   - Nunca
   - Algunas veces
   - Con frecuencia

3. Sueña despierto con mucha frecuencia
   - Nunca
   - Algunas veces
   - Con frecuencia

4. Se distrae con facilidad
   - Nunca
   - Algunas veces
   - Con frecuencia
Score PCS

• Never = 0, Sometimes = 1, Often = 24
• More than 3 items blank, invalid
• 4 – 5 years (ignore 5, 6, 17 and 18)
• 4 – 5 years: 24 or more = concern
• 6 – 18 years: 28 or more = concern
• Talk to parents about their concerns
• Consider referral to mental health if problems are causing concerns at home or at school
PHQ-A (Modified for Adolescents)

<table>
<thead>
<tr>
<th>Instructions: How often have you been bothered by each of the following symptoms during the past two weeks? For each symptom put an &quot;X&quot; in the box beneath the answer that best describes how you have been feeling.</th>
</tr>
</thead>
<tbody>
<tr>
<td>(9) Not at all</td>
</tr>
<tr>
<td>---------------------------------------------------------------</td>
</tr>
<tr>
<td>1. Feeling down, depressed, irritable, or hopeless?</td>
</tr>
<tr>
<td>2. Little interest or pleasure in doing things?</td>
</tr>
<tr>
<td>3. Trouble falling asleep, staying asleep, or sleeping too much?</td>
</tr>
<tr>
<td>4. Poor appetite, weight loss, or overeating?</td>
</tr>
<tr>
<td>5. Feeling tired, or having little energy?</td>
</tr>
<tr>
<td>6. Feeling bad about yourself — or feeling that you are a failure, or that you have let yourself or your family down?</td>
</tr>
<tr>
<td>7. Trouble concentrating on things like school work, reading, or watching TV?</td>
</tr>
<tr>
<td>8. Moving or speaking so slowly that other people could have noticed?</td>
</tr>
<tr>
<td>Or the opposite — being so fidgety or restless that you were moving around a lot more than usual?</td>
</tr>
<tr>
<td>9. Thoughts that you would be better off dead, or of hurting yourself in some way?</td>
</tr>
</tbody>
</table>

In the past year have you felt depressed or sad most days, even if you felt okay sometimes?
- Yes
- No

If you are experiencing any of the problems on this form, how difficult have these problems made it for you to do your work, take care of things at home or get along with other people?
- Not difficult at all
- Somewhat difficult
- Very difficult
- Extremely difficult

Has there been a time in the past month when you have had serious thoughts about ending your life?
- Yes
- No

Have you EVER, in your WHOLE LIFE, tried to kill yourself or made a suicide attempt?
- Yes
- No

*If you have had thoughts that you would be better off dead or of hurting yourself in some way, please discuss this with your Health Care Clinician, go to a hospital emergency room or call 911.

Office use only: 

Modiﬁed with permission from the PHQ (Spitzer, Williams & Kroenke, 1999) by J. Johnson (Johnson, 2002)
Scoring PHQ-A

- 0 – 3 scale
- 3 or more items left unanswered, invalid
- 0 – 4: none or minimal symptoms
- 5 – 14: mild to moderate symptoms
- 15 – 19: moderate to severe symptoms
- 20 – 27: severe depression
- Question 9: If positive, need to complete suicide risk assessment (active: Have a plan and means, refer for immediate evaluation (ED or CAT team), passive: need appointment with mental health quickly)
Box 4 Indications for emergency psychiatric referral

- Suicidal statements ("I want to die," "I want to kill myself")
- Suicidal threats or plans (e.g., overdose; jumping from high places; suffocating, shooting, or cutting oneself; walking into traffic)
- Self-injurious or suicidal behaviors
- Psychotic symptoms (hallucinations, delusions)
- Combination of any of the above with hopelessness, substance abuse, lack of family support, access to weapons

SOURCE: Depression in Asian American Children
Risk Factors Child/Adolescents: SADPERSONS

- Sex (Gender, males higher risk)
- Age (15 or older)
- Depression
- Previous attempt
- Ethanol (alcohol or drug abuse)
- Rational thinking loss (psychosis)
- Social support lacking (friends, perceived family)
- Organized plan
- Negligent parenting (family stressors, suicide history)
- School problems (bullying, etc)
When is Inpatient Treatment Needed?

- Child can not keep themselves safe
- Others in family at risk of harm
- Inpatient treatment goals:
  - Keep child safe
  - Complete thorough evaluation
  - Possible medication start or adjustment
  - Start treatment process
- Generally 5 to 10 days in length
- Starting point
Inpatient Psychiatric Unit

• 18 bed unit
• Children 3 – 18 years
• Private rooms

• Parents stay with kids
• Optimal healing environment
• Open April 2018
Treatment is Effective

- Depression and other mental health disorders are treatable
- Especially in children and adolescents
- Can see return to functioning
Case Example
Mental Health Care can be difficult to negotiate

- County Funded Services
- Private insurance – Parity, but still carve outs
- Other Community Services
Referrals for County/State Funded Insurance

County Funded Services

Mild to Moderate Mental Health Disorder
- Contracted service (Orange County) Magellan

Moderate to Severe Mental Health Disorder
- County Mental Health System
Referrals for Commercial Insurance

- Commercial Insurers
  - HMO
    - Parity, needs authorization from Behavioral Health Service
  - PPO
    - Parity, can refer themselves, Paneled
Other Resources

- MHSA
  - Funded through Prop 63, more innovative programming
- Community Based Organizations
  - Generally sliding scale
Pediatric and Young Adult System of Mental Health Care

- Inpatient
- Intensive Outpatient
- Outpatient
- Community Coordination

Intensity of Treatment

Coordination
Task Force members today…

Pediatric and Young Adult Mental Health System of Care Task Force

- Juvenile Justice
- CHOC Children's
- Saddleback Church
- OC Behavioral Health
- OC Dept of Education
- CalOptima
- Kaiser Permanente
- UCI Medical Center
- Regional Center
- OC Children & Families Commission
- American Academy of Pediatrics Ch. 4
- OC Alliance for Children & Families
- St. Joseph Hoag Health
- Jewish Federation & Family Svcs
- NAMI/family
- Cigna
Identification and Early Intervention

• Preschools
  – Survey of current state
  – Development of training for providers
    ▪ Reduce expulsions

• Education of Community Providers
  – Pediatricians – November 11, 2017, CHOC
  – School Personnel
  – Faith based communities in partnership
  – Psychiatry/Psychology support line

• Psychiatry/Psychology Access Line for Pediatricians
Thank you.