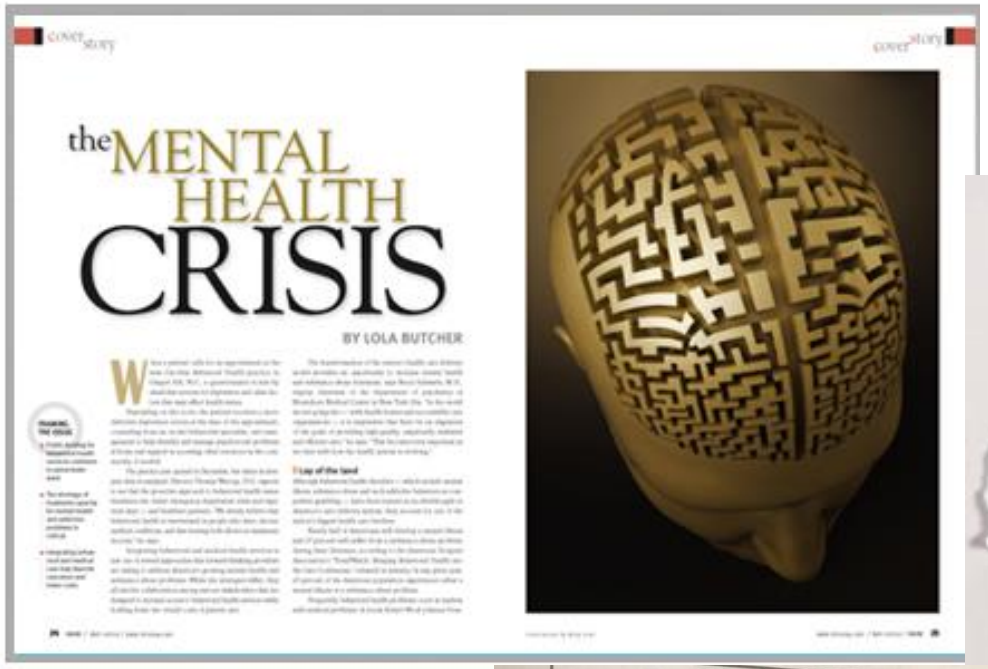
Behavioral Health: How to Integrate it into your Practice and Why you Should

Heather Huszti, PhD
Chief Psychologist

CHOC Children's.



cover story

the MENTAL HEALTH CRISIS

BY LOLA BUTCHER

Treatment sets new standar...

Schizophrenia medication

...better training for ...psychiatric nurses

Doctors get refresher on mental health

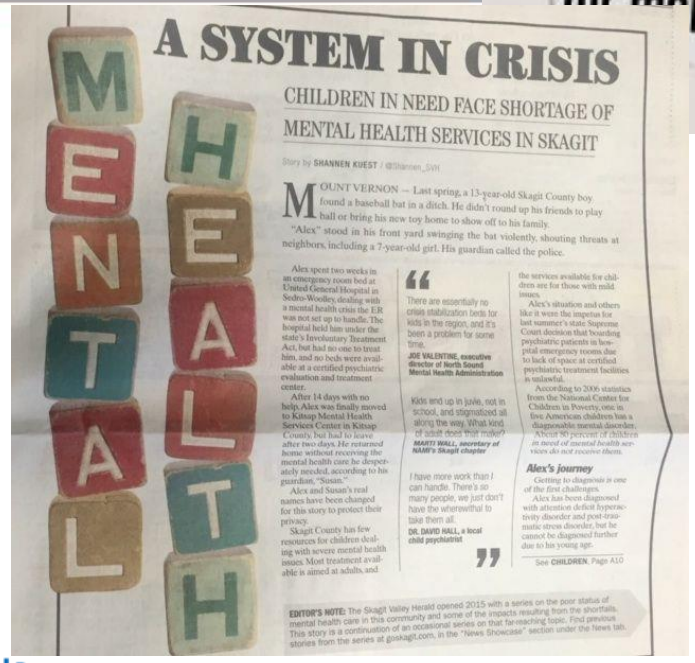
...health ...alert

Mental health

...rsonality disorders go ...ndetected

Psychiatrists call for more facilities

Hospitals short of funding



A SYSTEM IN CRISIS

CHILDREN IN NEED FACE SHORTAGE OF MENTAL HEALTH SERVICES IN SKAGIT

Story by SHANNEN KUEST / @Shannen_Sish

MOUNT VERNON — Last spring, a 13-year-old Skagit County boy found a baseball bat in a ditch. He didn't round up his friends to play ball or bring his new toy home to show off to his family.

"Alex" stood in his front yard swinging the bat violently, shouting threats at neighbors, including a 7-year-old girl. His guardian called the police.

Alex spent two weeks in an emergency room bed at United General Hospital in Sedro-Woolley, dealing with a mental health crisis the ER was not set up to handle. The hospital held him under the state's Involuntary Treatment Act, but had no one to treat him, and no beds were available at a certified psychiatric evaluation and treatment center.

After 14 days with no help, Alex was finally moved to Kitsap Mental Health Services Center in Kitsap County, but had to leave after two days. He returned home without receiving the mental health care he desperately needed, according to his guardian, "Susan."

Alex and Susan's real names have been changed for this story to protect their privacy.

Skagit County has few resources for children dealing with severe mental health issues. Most treatment available is aimed at adults, and

> "There are essentially no crisis stabilization beds for kids in the region, and it's been a problem for some time."
>
> JOE VALENTINE, executive director of North Sound Mental Health Administration

Kids end up in juvie, not in school, and stigmatized all along the way. What kind of adult does that make?

MARTI WALL, secretary of NAMI's Skagit chapter

I have more work than I can handle. There's so many people, we just don't have the wherewithal to take them all.

DR. DAVID HALL, a local child psychiatrist

the services available for children are for those with mild issues.

Alex's situation and others like it were the impetus for last summer's state Supreme Court decision that boarding psychiatric patients in hospital emergency rooms due to lack of space at certified psychiatric treatment facilities is unlawful.

According to 2006 statistics from the National Center for Children in Poverty, one in five American children has a diagnosable mental disorder. About 80 percent of children in need of mental health services do not receive them.

Alex's journey

Getting to diagnosis is one of the first challenges.

Alex has been diagnosed with attention deficit hyperactivity disorder and post-traumatic stress disorder, but he cannot be diagnosed further due to his young age.

See CHILDREN, Page A10

EDITOR'S NOTE: The Skagit Valley Herald opened 2015 with a series on the poor status of mental health care in this community and some of the impacts resulting from the shortfalls. This story is a continuation of an occasional series on that far-reaching topic. Find previous stories from the series at goskagit.com, in the "News Showcase" section under the News tab.

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One in Five

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Definition

- **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

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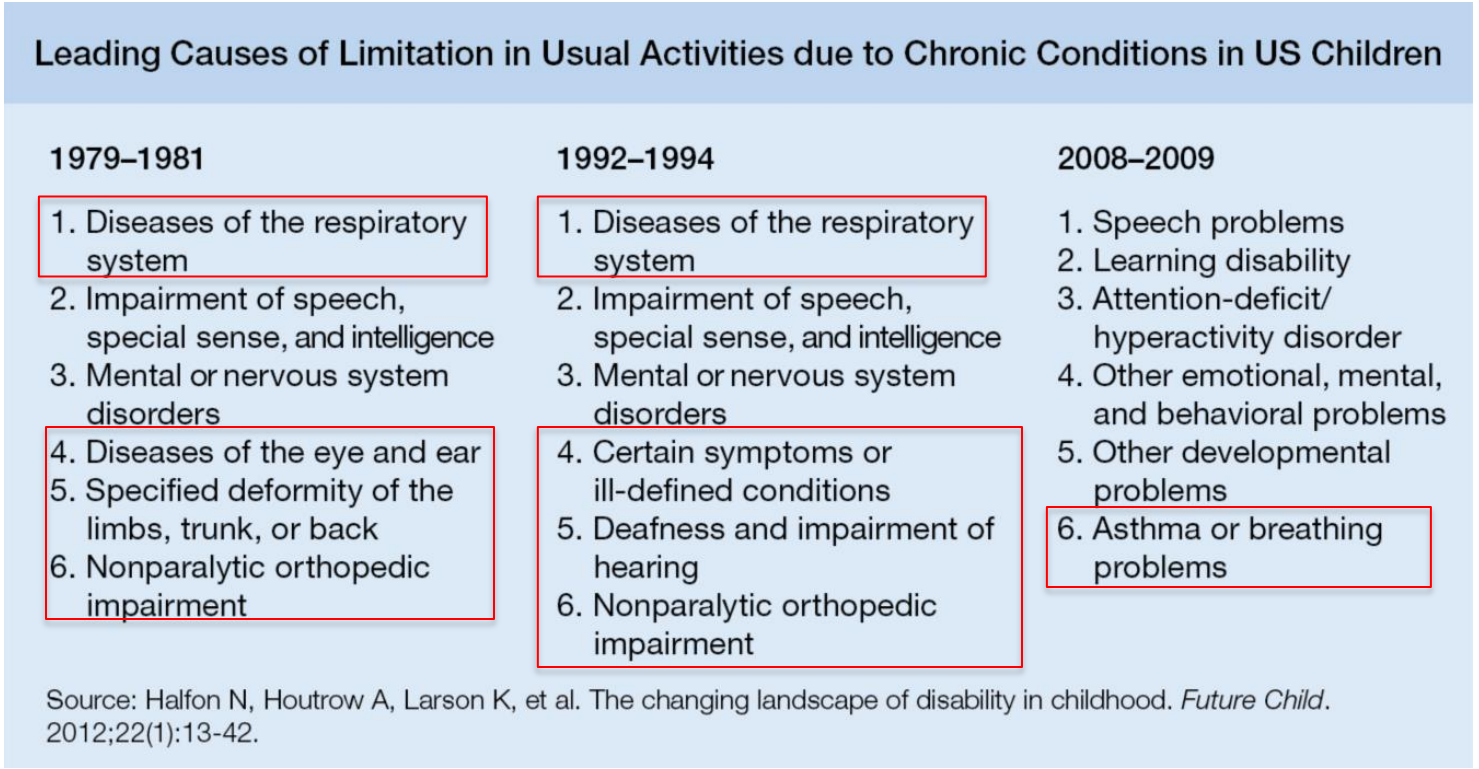
From: **Chronic Mental Health Issues in Children Now Loom Larger Than Physical Problems**

JAMA. 2012;308(3):223-225. doi:10.1001/jama.2012.6951



Leading Causes of Limitation in Usual Activities due to Chronic Conditions in US Children

1979–1981	1992–1994	2008–2009
1. Diseases of the respiratory system	1. Diseases of the respiratory system	1. Speech problems
2. Impairment of speech, special sense, and intelligence	2. Impairment of speech, special sense, and intelligence	2. Learning disability
3. Mental or nervous system disorders	3. Mental or nervous system disorders	3. Attention-deficit/ hyperactivity disorder
4. Diseases of the eye and ear	4. Certain symptoms or ill-defined conditions	4. Other emotional, mental, and behavioral problems
5. Specified deformity of the limbs, trunk, or back	5. Deafness and impairment of hearing	5. Other developmental problems
6. Nonparalytic orthopedic impairment	6. Nonparalytic orthopedic impairment	6. Asthma or breathing problems

Source: Halfon N, Houtrow A, Larson K, et al. The changing landscape of disability in childhood. *Future Child*. 2012;22(1):13-42.

Figure Legend:

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

CAUSE	% OF DEATHS
Accidents	50%
Suicide	17%
Homicide	14%
Cancer	6%
Heart Disease	3%
Congenital anomalies	2%

Data Source: Centers for Disease Control and Prevention
Youth Risk Behaviors Survey Report, MMWR, June 2016

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Why does children's mental health matter?

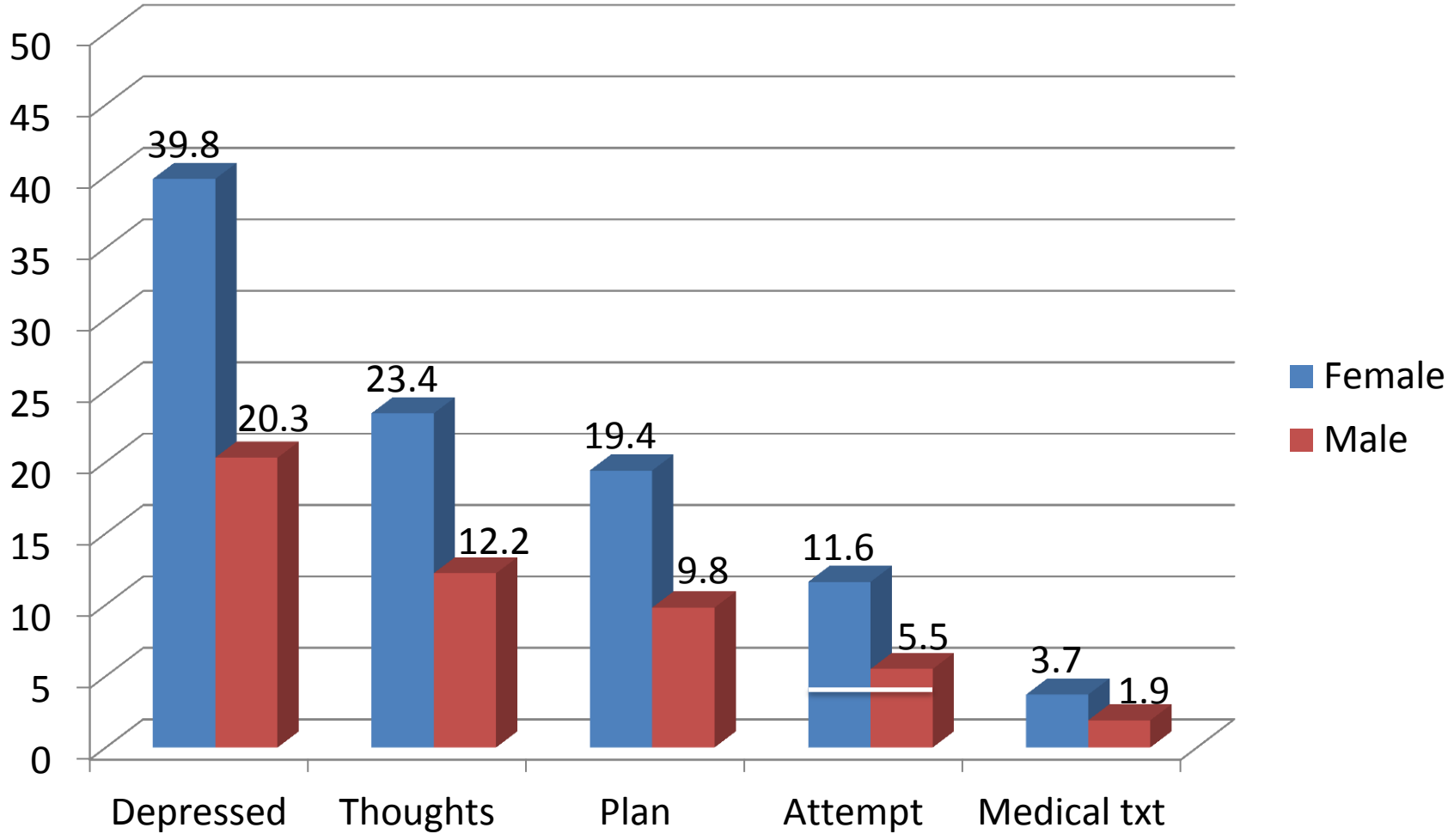
- Mental health is key to the overall health of children
- No other illnesses harm as many children so seriously
- Untreated mental health issues leads to:
  - Increased health care utilization as adults
  - Decreased school achievement
  - Increased risk of under-employment and poverty
  - Increased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

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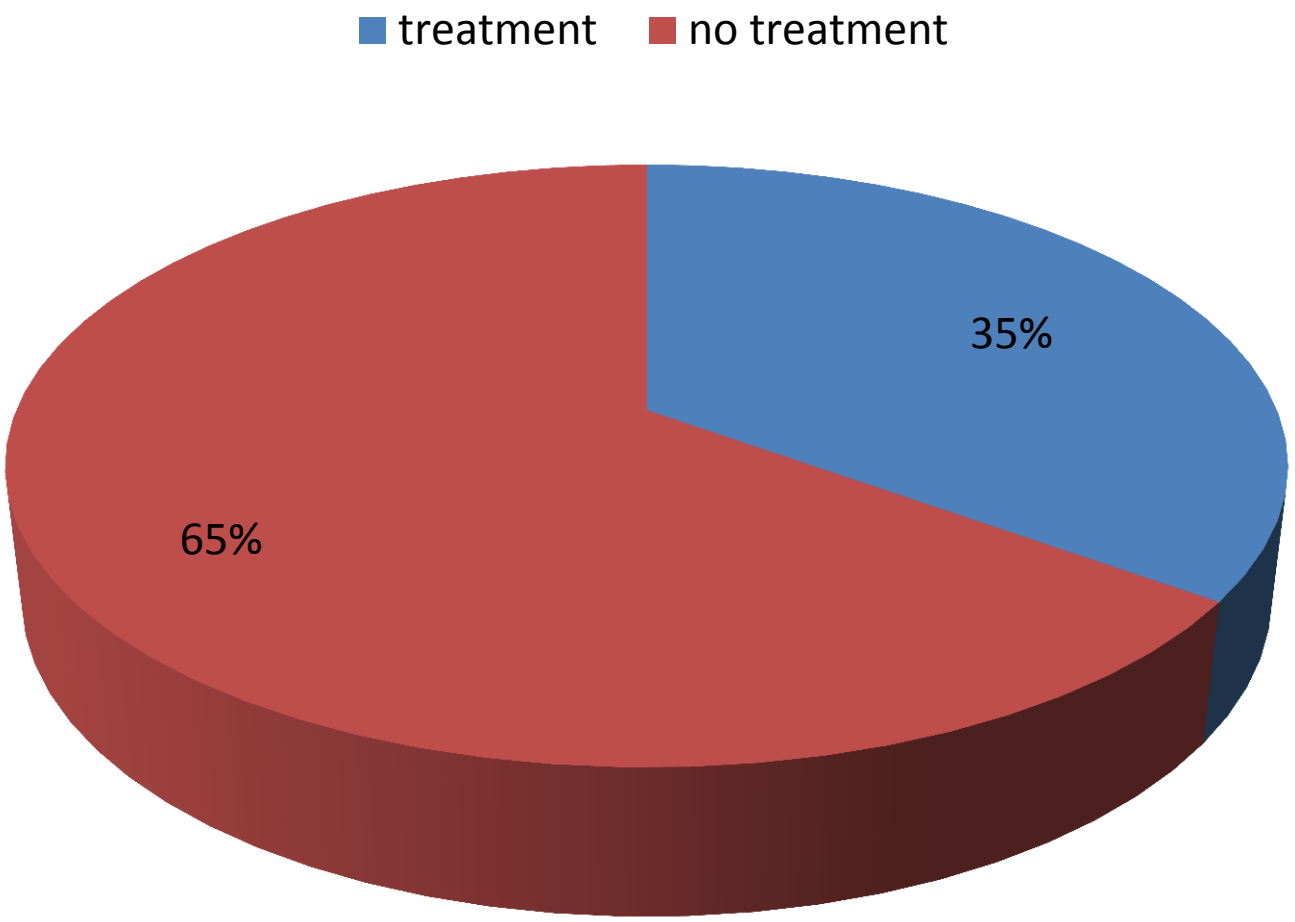
Adolescents with Depression: Received treatment in last year?



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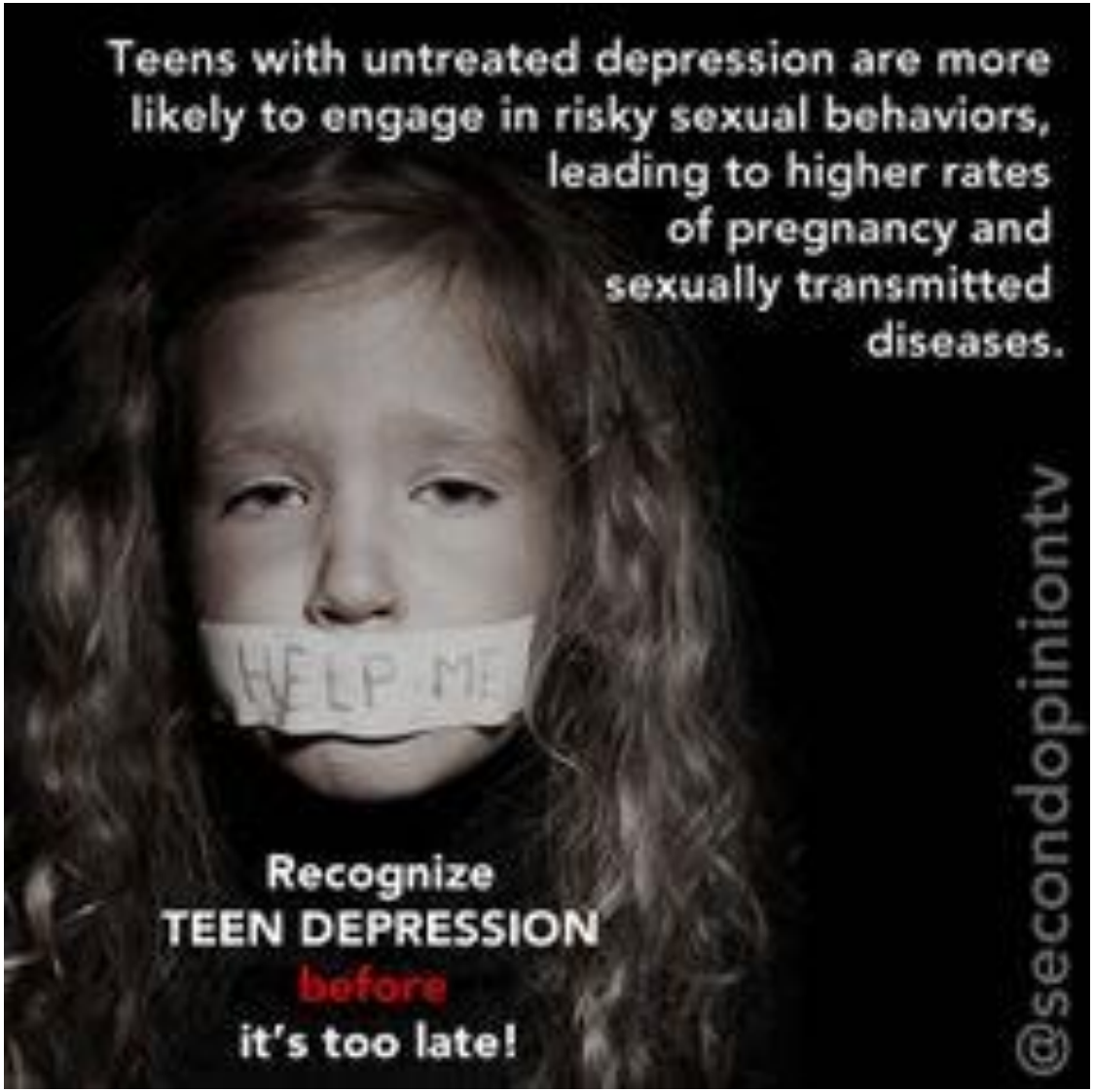

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Pediatric Psychiatric Related Visits to ED

- 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

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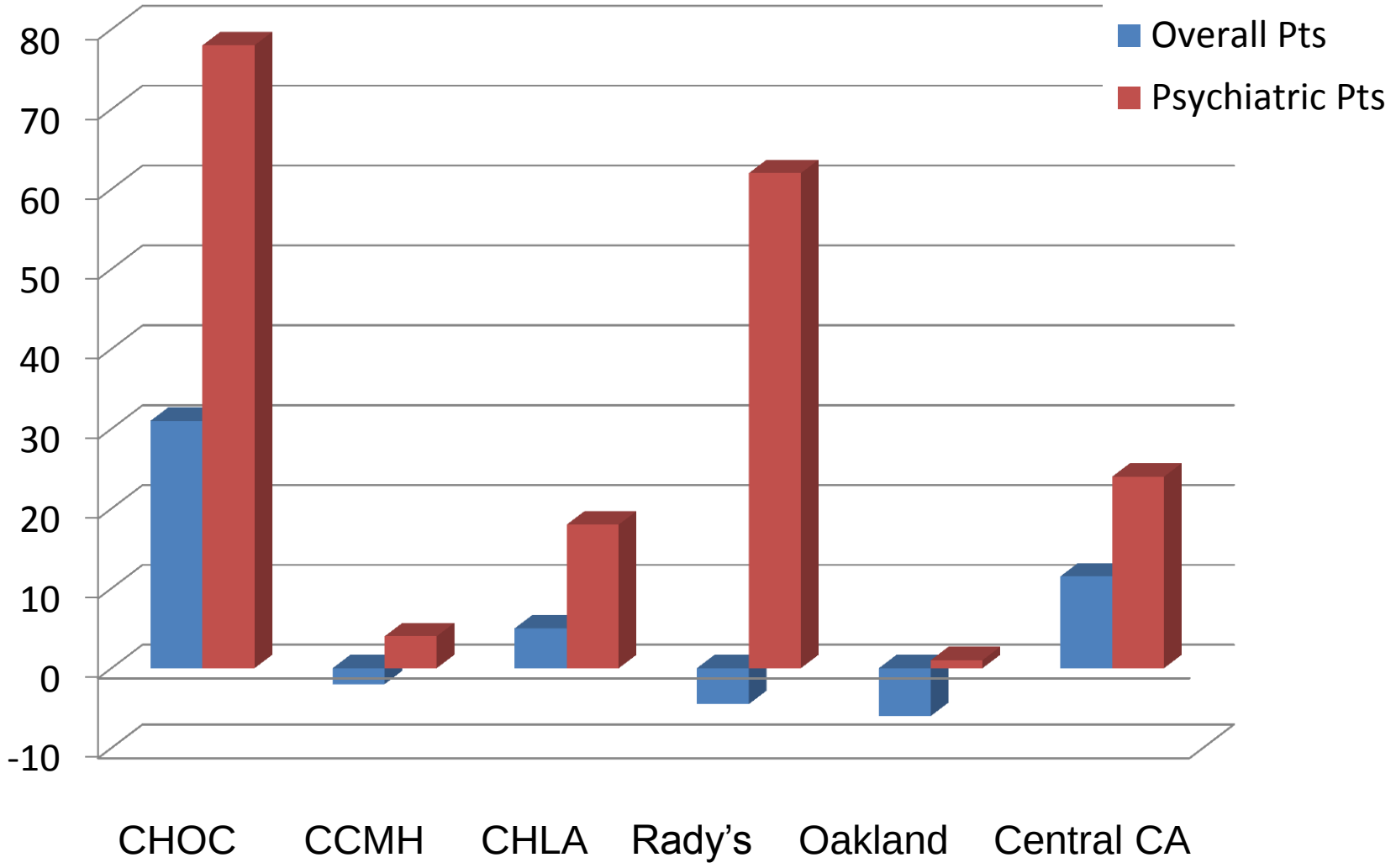
Pediatric Emergency Care, 2009
Academic Emerg Med, 2014

Increases in Emergency Room Patients and Primary Psychiatric Patients – Year to Date 2013 - 2014



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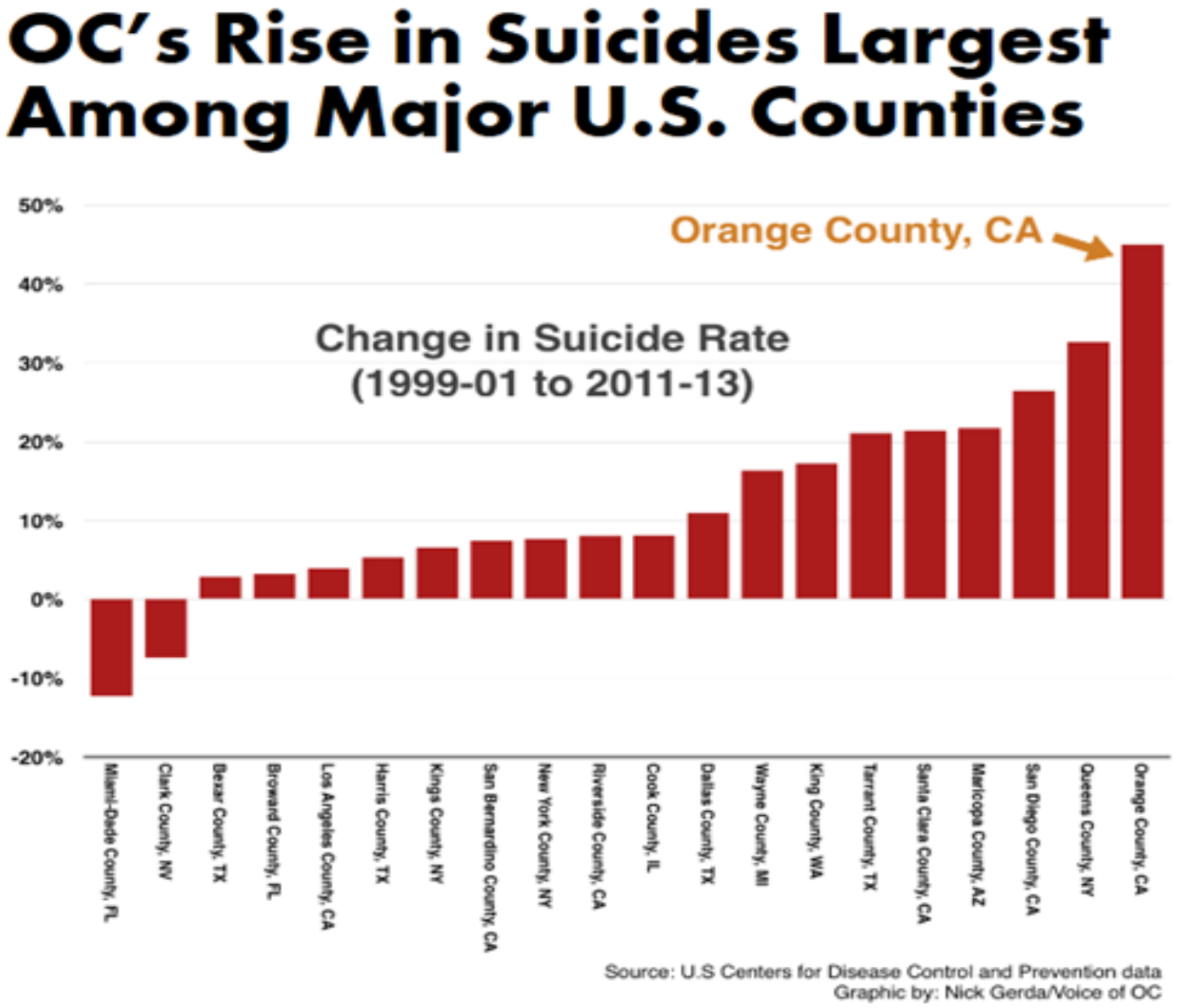
OC Suicide Rates



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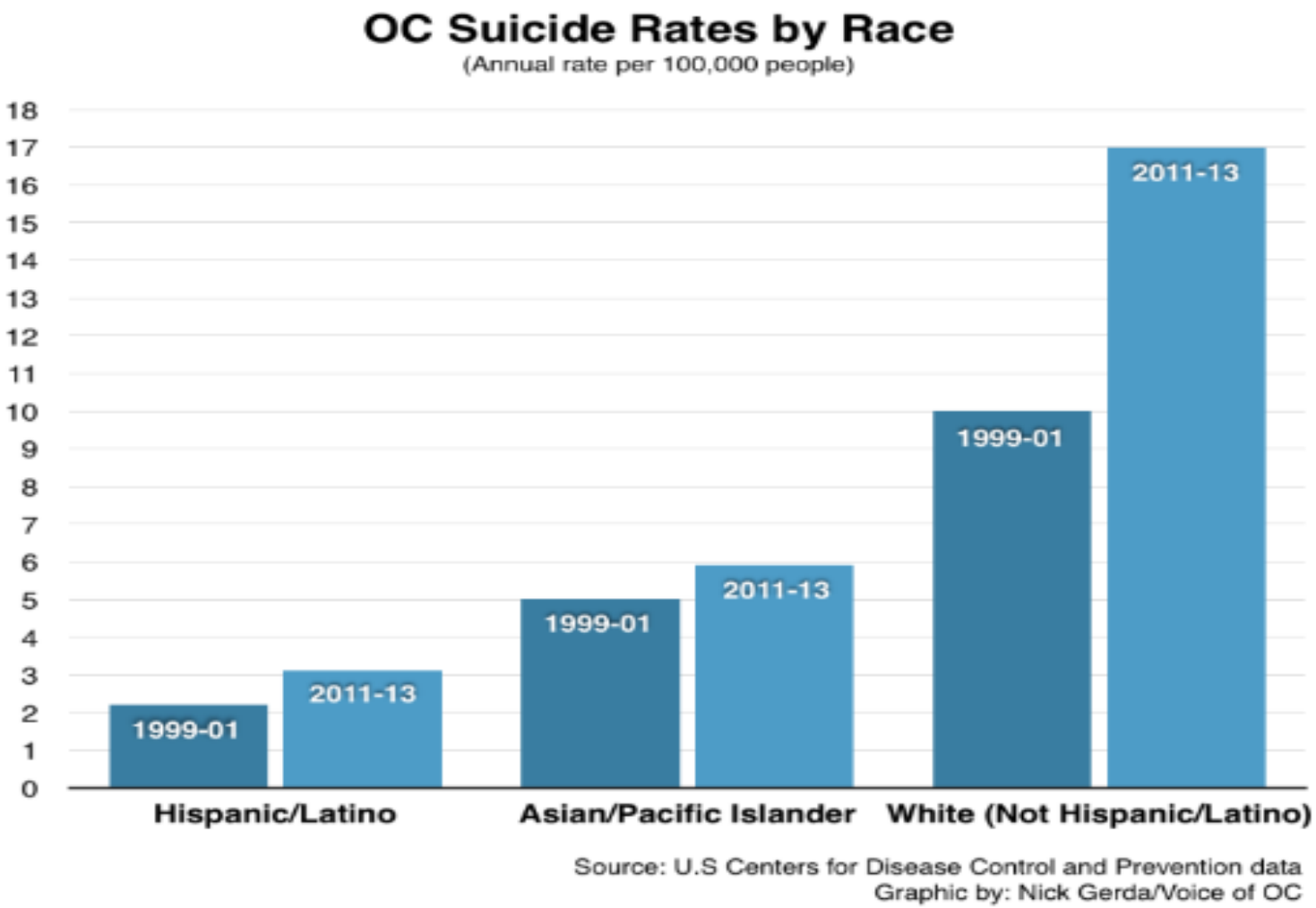
OC SUICIDE RATES BY RACE



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County	Population under 18 years (rounded)	Inpatient Beds	Number per population	Number per 100,000
Orange	719,000	32*	1/22,468	4.45
LA County	2,322,000	217	1/10,700	9.34
San Diego	726,000	76	1/9,552	10.46
San Bernardino	575,600	76	1/7,573	13.19
Riverside	609,000	12	1/50,750	1.97

* Beds only for children 12 and older

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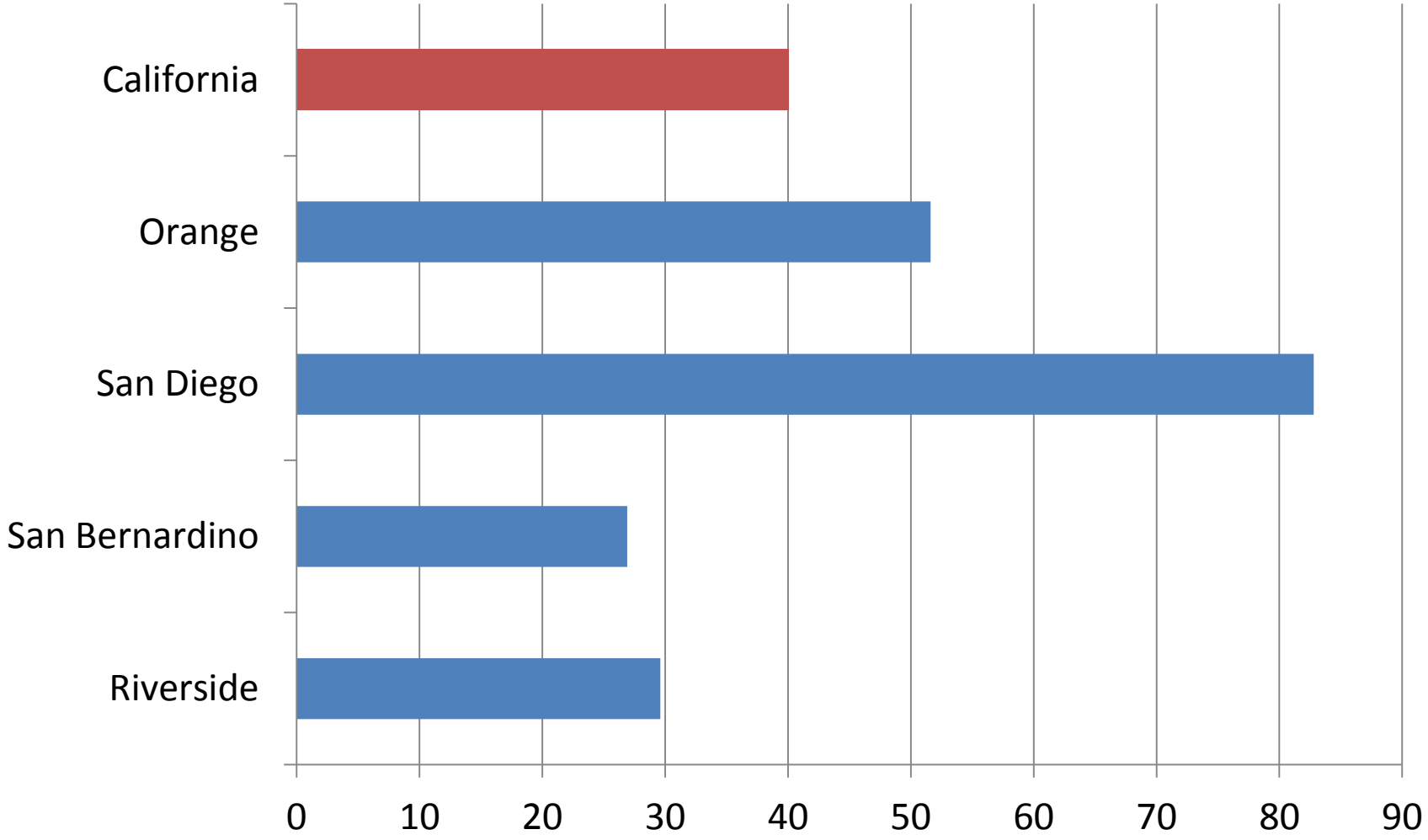
Number hospitalized due to self-inflicted injuries



Per 100,000 population

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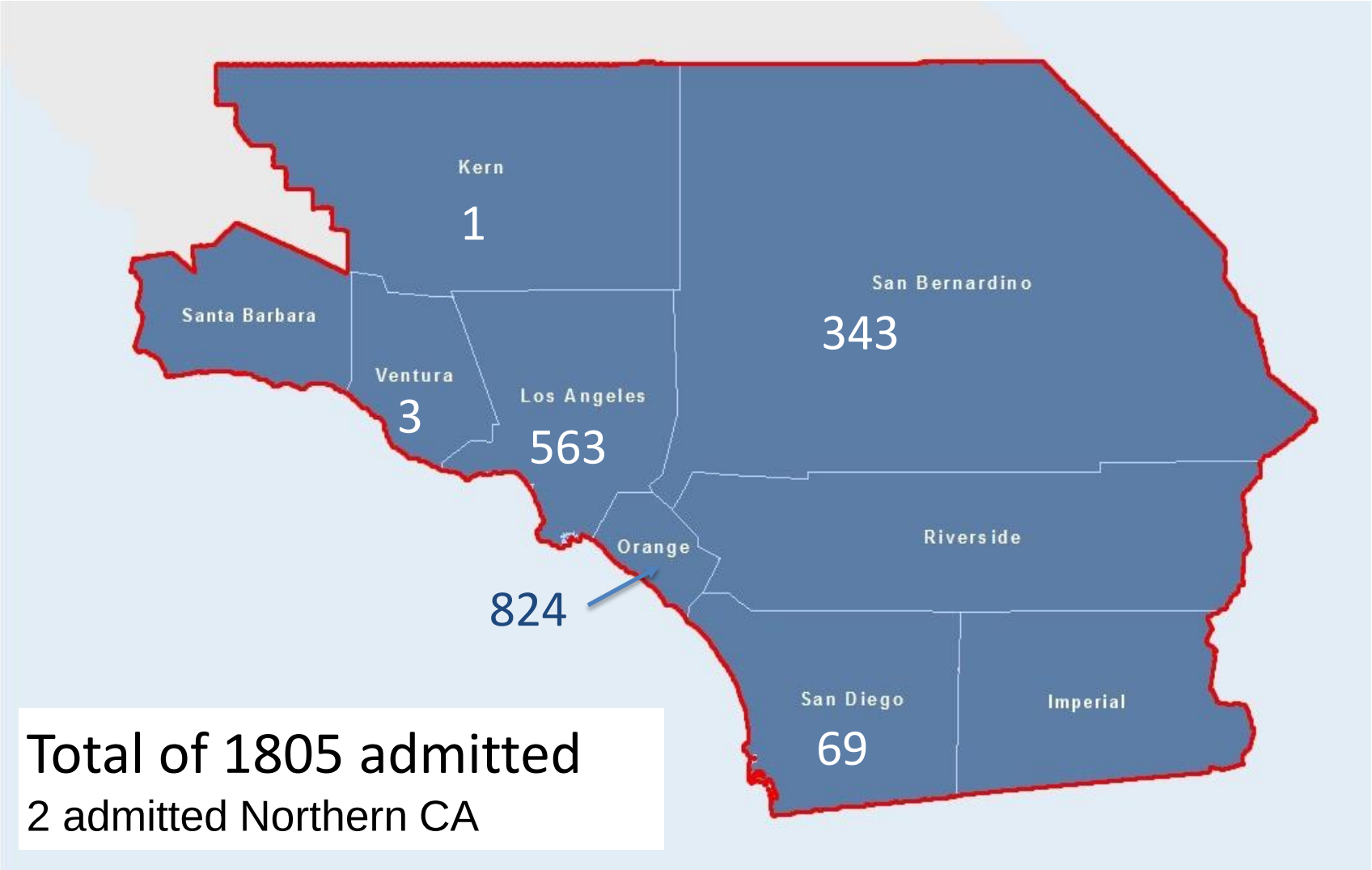
Size of Inpatient Bed Problem



Total of 1805 admitted

2 admitted Northern CA

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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).

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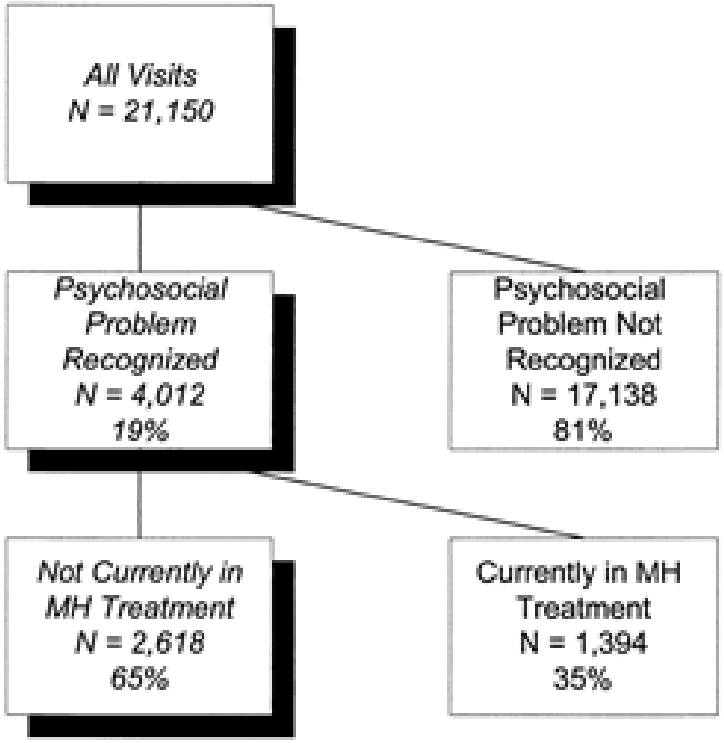
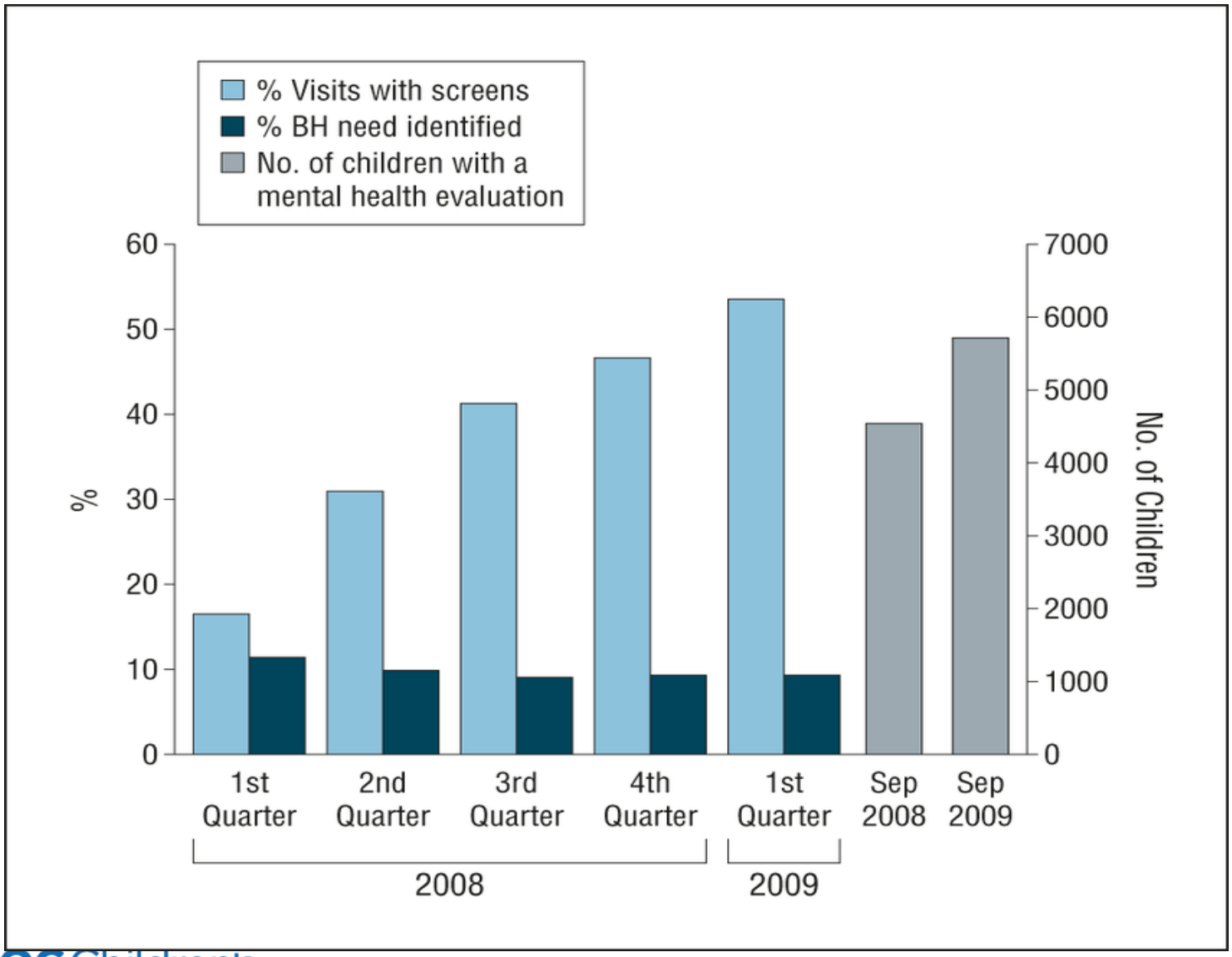
Selection of study group.



William Gardner et al. Pediatrics 2000;106:e44

PEDIATRICS®

Massachusets screening in Primary Care



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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

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

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)

2 Es incansable

3 Sueña despierto con mucha frecuencia

4 Se distrae con facilidad

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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)

PHQ-9 modified for Adolescents (PHQ-A)

Name: _____ **Clinician:** _____ **Date:** _____

Instructions: How often have you been bothered by each of the following symptoms during the past **two weeks**? For each symptom put an **"X"** in the box beneath the answer that best describes how you have been feeling.

	(0) Not at all	(1) Several days	(2) More than half the days	(3) Nearly every day
1. Feeling down, depressed, irritable, or hopeless?				
2. Little interest or pleasure in doing things?				
3. Trouble falling asleep, staying asleep, or sleeping too much?				
4. Poor appetite, weight loss, or overeating?				
5. Feeling tired, or having little energy?				
6. Feeling bad about yourself – or feeling that you are a failure, or that you have let yourself or your family down?				
7. Trouble concentrating on things like school work, reading, or watching TV?				
8. Moving or speaking so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you were moving around a lot more than usual?				
9. Thoughts that you would be better off dead, or of hurting yourself in some way?				

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: **Severity score:** _____

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

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Scoring PHQ-A

- 0 – 3 scale
- 3 or more items left unanswered, invalid
- 0 – 4: none or minimal symptoms
- 5 – 14: mild to moderate symtoms
- 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 (eg, 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

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Inpatient Psychiatric Unit

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

- Parents stay with kids
- Optimal healing environment
- Open April 2018

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Treatment is Effective

- Depression and other mental health disorders are treatable
- Especially in children and adolescents
- Can see return to functioning

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Case Example

Mental Health Care can be difficult to negotiate

County Funded Services

Private insurance – Parity, but still carve outs

Other Community Services

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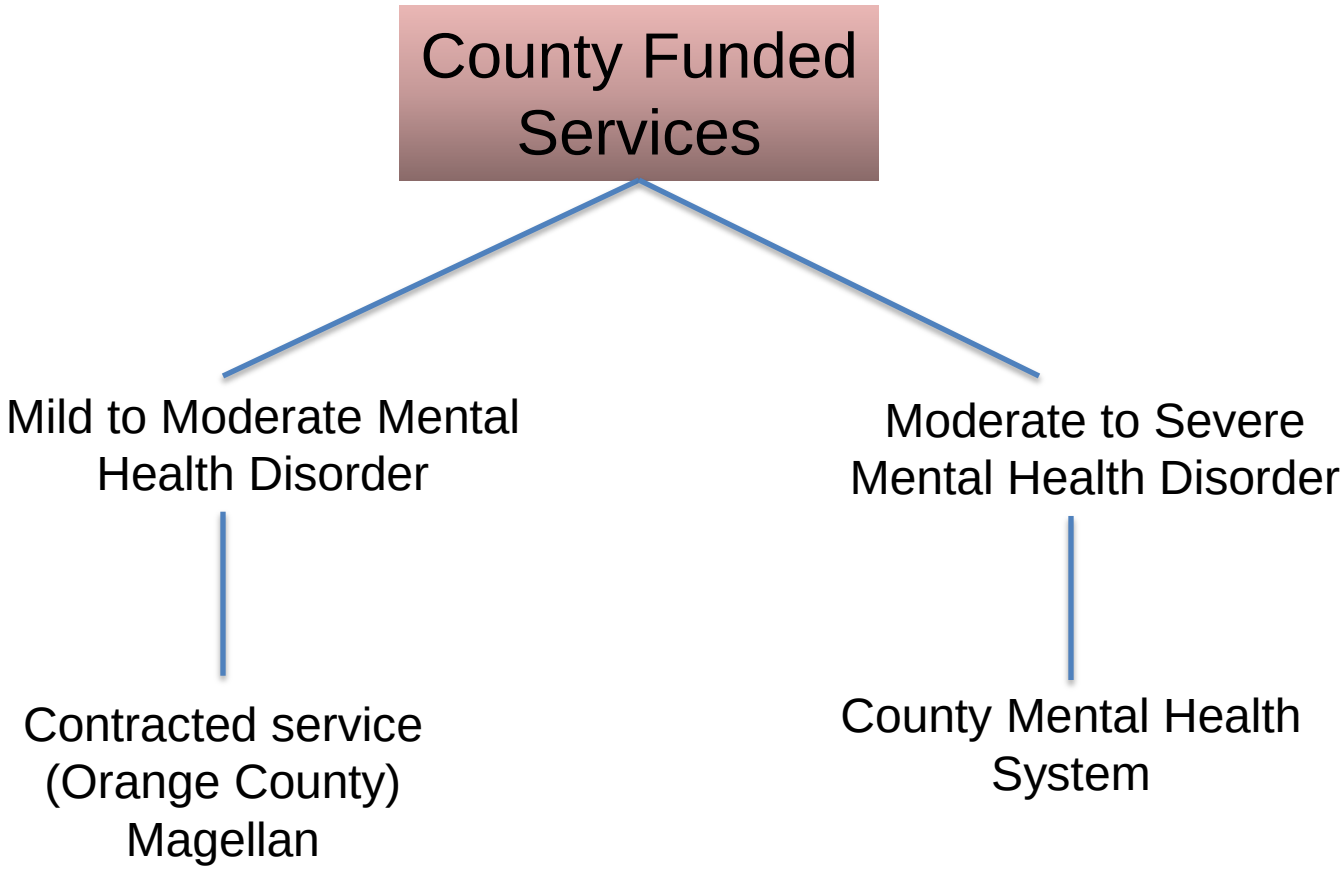
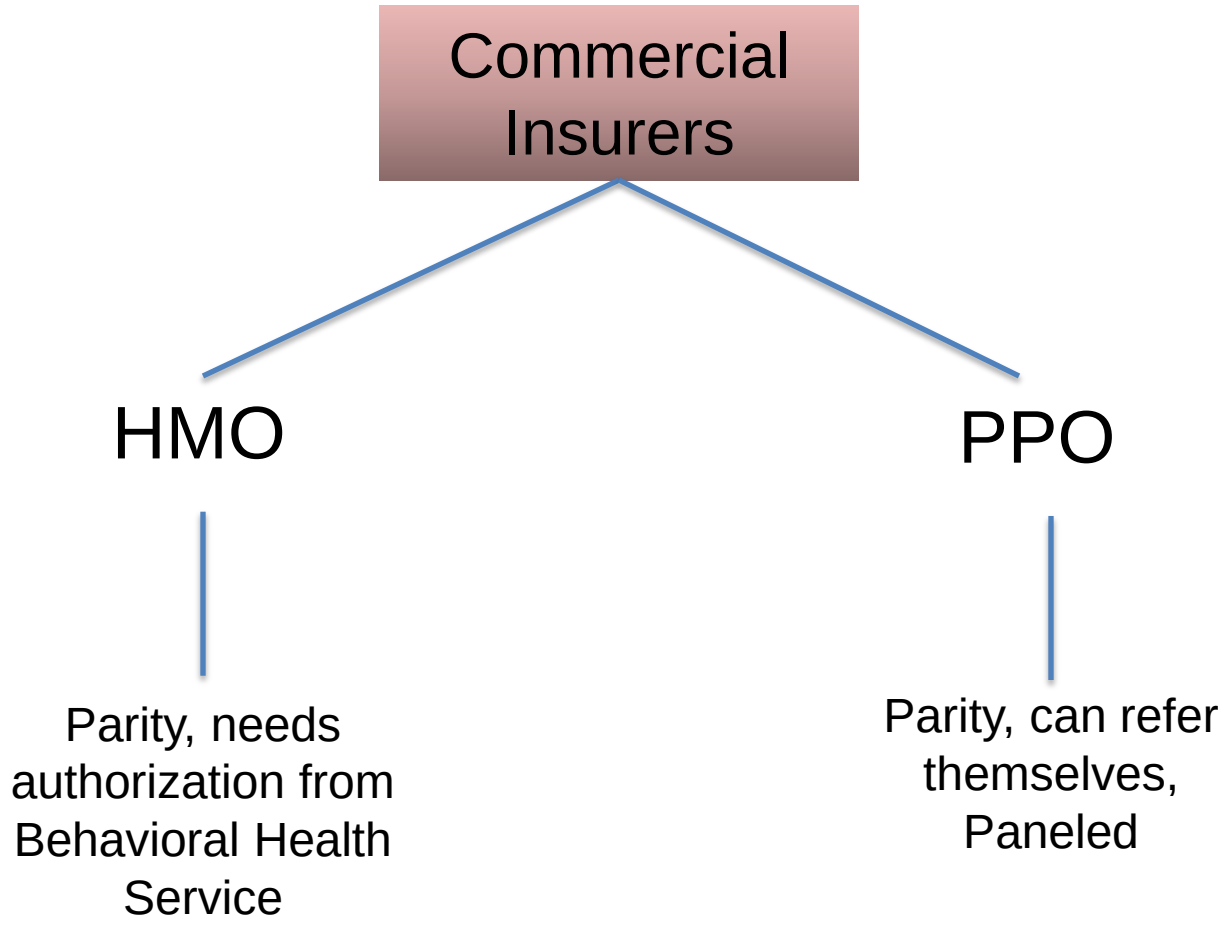
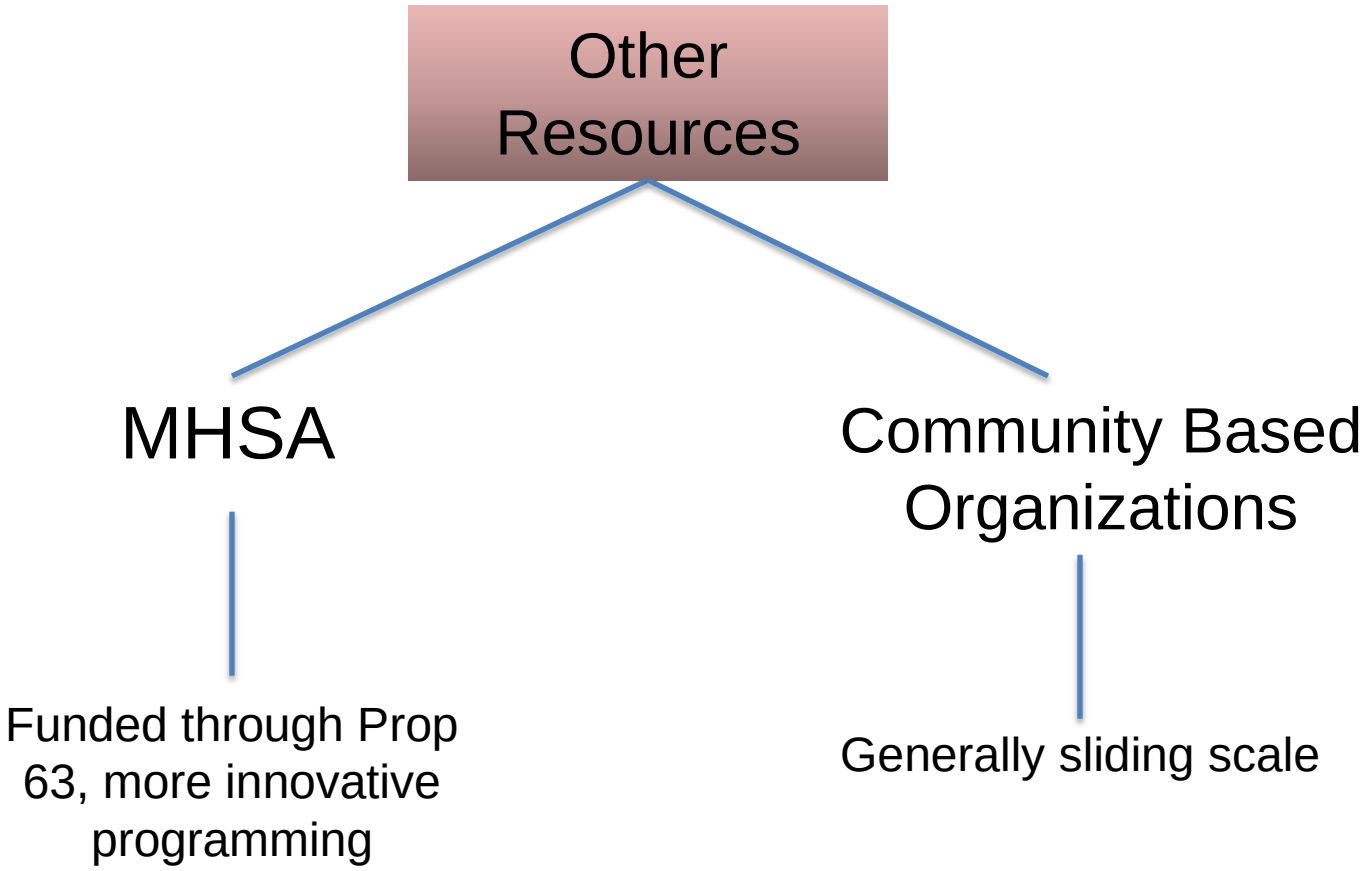
Referrals for County/State Funded Insurance



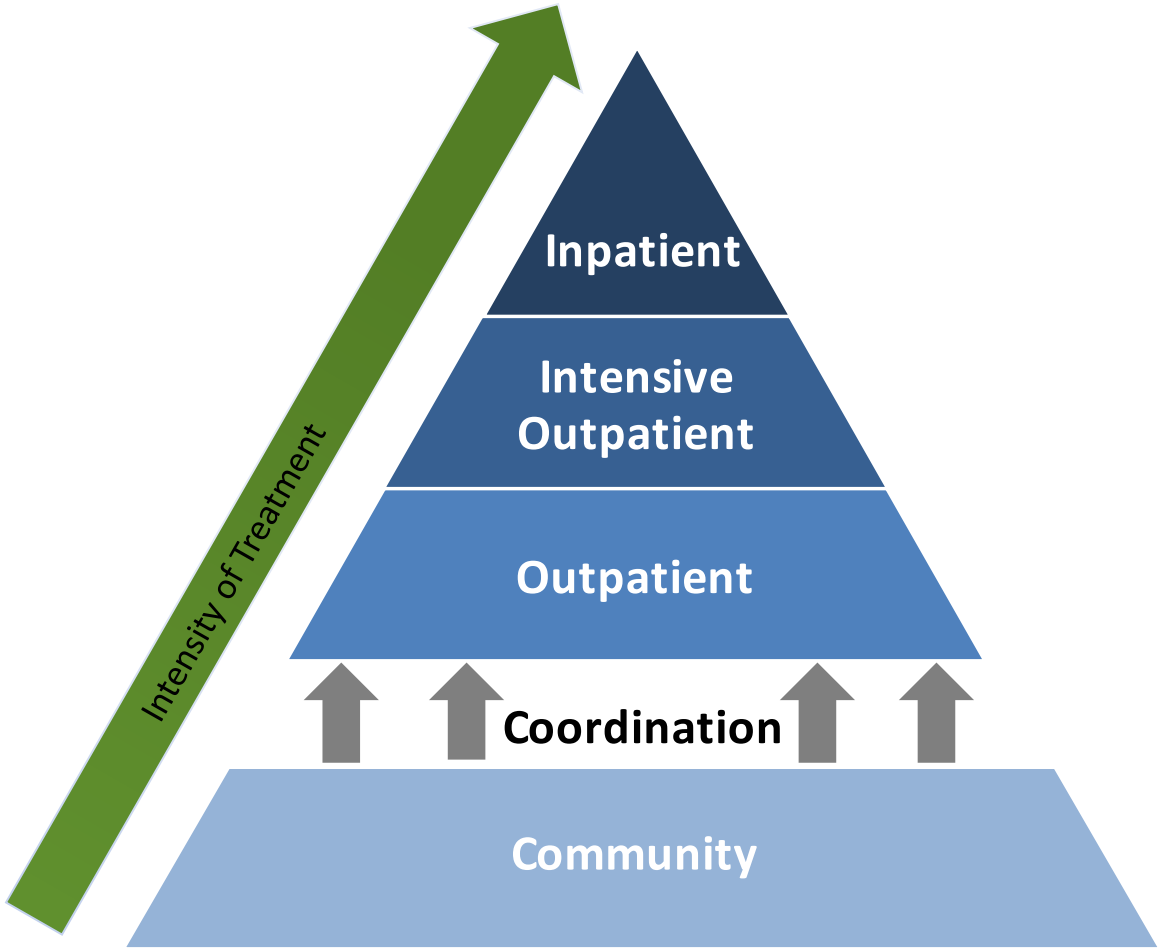
Referrals for Commercial Insurance



Other Resources



Pediatric and Young Adult System of Mental Health Care



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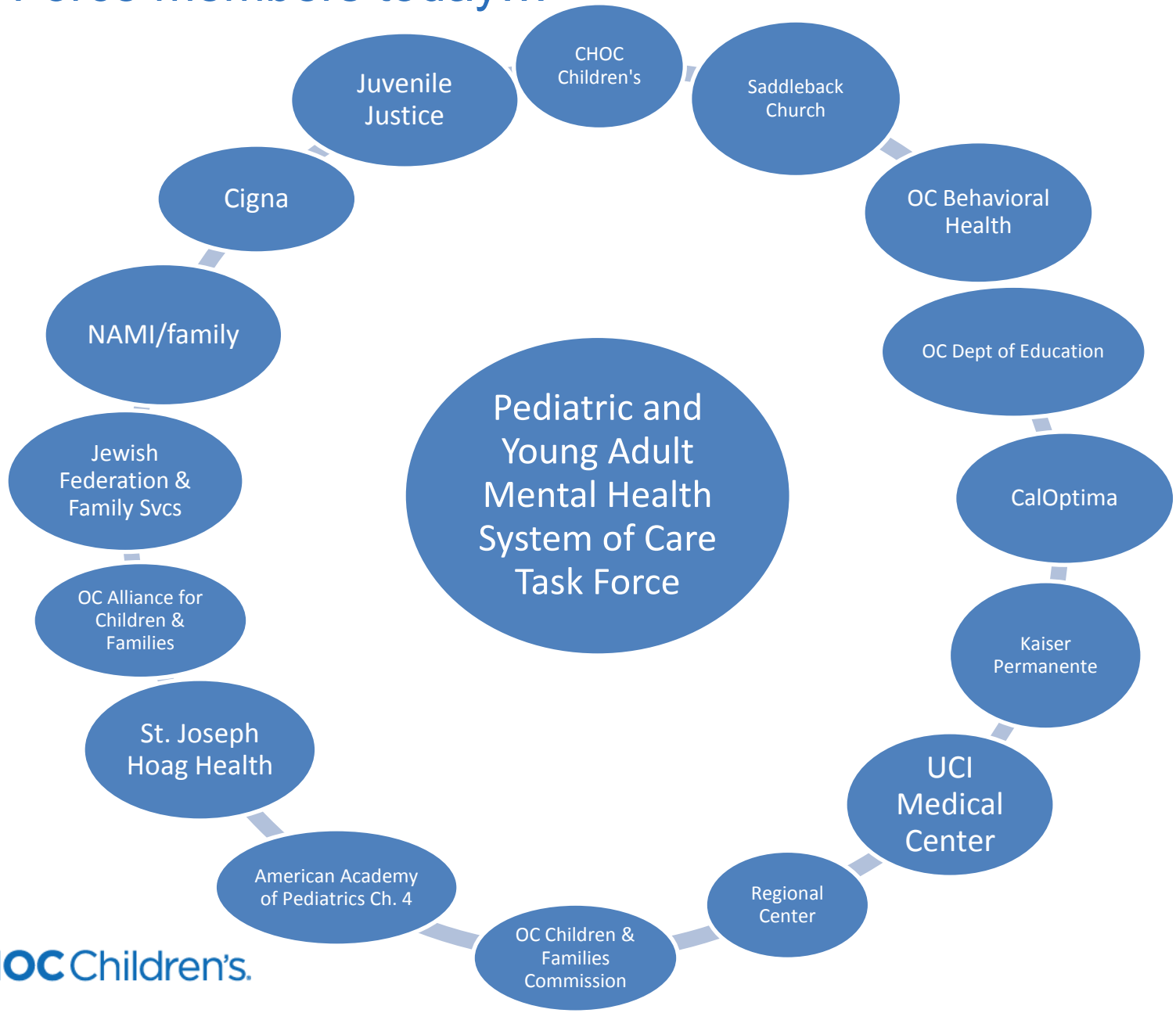
Task Force members today…



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Identification and Early Intervention

- Preschools
  - Survey of current state
  - Development of training for providers
    - Reduce explusions
- 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.

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