Collaborative Child and Youth Mental Healthcare

Drs. Garey Mazowita, Iliana Garcia-Ortega, Marcus Hollander and Liza Kallstrom

Collaborative Mental Health Care Conference
Vancouver BC
June 15 -16, 2012

www.pspbc.ca
Agenda

- Why child and youth mental health?  
  Garey Mazowita

- Tools and Process  
  Iliana Garcia-Ortega

- How does Practice Support make Program changes: tools and processes  
  Liza Kallstrom

- What are the results so far?  
  Marcus Hollander

- Lessons and applicability outside of BC  
  Garey Mazowita
Why Child and Youth Mental Health?

Dr. Garey Mazowita
Epidemiology: Child and Youth Mental Disorders

- Pattern of illness
  - Found globally
  - Consistent across Canada

- 15 – 20% ages 1 – 25
  - Require professional intervention

- 60 – 70% can be properly diagnosed and treated in primary care
## Prevalence Rates in Children and Youth in BC

<table>
<thead>
<tr>
<th>Disorder</th>
<th>Estimated prevalence</th>
<th>Estimated number*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any anxiety disorder</td>
<td>6 - 8%</td>
<td>70,000</td>
</tr>
<tr>
<td>ADHD</td>
<td>2 - 10%</td>
<td>60,000</td>
</tr>
<tr>
<td>Any depressive disorder</td>
<td>1 - 4%</td>
<td>25,000</td>
</tr>
</tbody>
</table>

*Based on 2002 BC population estimates of 1 million children and youth aged 0 - 19 years (BC Stats, 2001).
Development of the Training Program: The Process

Dr. Iliana Garcia-Ortega
Objectives

- Improve knowledge
- Identify Diagnose
- Treat and Manage
- Promote Cross-Sectoral Care
Unique Characteristics of Our Module

- Developed with cross-sectoral team
- “Real GP time”
- Covers the most common mental disorders
- Shared approach and tools across the disorders
The Process

The creation process began with a steering committee.

Accreditation

Piloting the material

CYMH PSP Module

Literature review

Revision

Writing

The literature search included a review of the relevant portions of current child psychiatric textbooks, journal articles and guidelines.

Guidelines: NICE, ACAP, Clearinghouse; AACAP, APA, CADDRA, CACAP, CPS, CAFP, Cochrane reviews, BMJ Point care,

\[\text{∙ Reading} \]
\[\text{∙ Analyzing} \]
\[\text{∙ Summarizing} \]
\[\text{∙ Writing} \]

External Reviewers and observers

The final draft was submitted to experts in the area to revise and get their feedback.

CME – The College of Family Physicians of Canada

2 training sessions and preliminary evaluations

CME – The College of Family Physicians of Canada

Practice Support Program
What do the Educational modules include:

1. **An overview** to help first contact health providers understand how to understand, identify, diagnose and treat:
   - Anxiety Disorders (Panic Attack, General Anxiety Disorder, Social Anxiety, Separation Anxiety)
   - ADHD in children and adolescents
   - Major depressive disorder in adolescents.

2. **A toolkit** for first contact health providers containing diagnostic tools and other useful resources for identifying, diagnosing, assessing and monitoring the most common mental disorders in children and adolescents, including **suicide risk**.
Modules Content

COMMON FRAMEWORK ACROSS ALL MODULES
Life span and Mental Disorders

- Epidemiology of child and youth mental disorders
- Children and Youth in Context
- Legal Issues
- Parent-Child Relationships
  - Conflict in Custodial Situations; Confidentiality
- Engaging the Family
- Education
- Myths about the treatment of mental disorders
- Useful tips for primary care practice
  - Parenting Overview; Developmental Transitions; Engaging the Adolescent; Engaging the School
Step 1. Identification of the child/adolescent at risk for a mental disorder

- Child and Adolescent Mental Disorders Screening Questions
- Fast facts about specific mental disorders
- Risk identification table for specific mental disorders
- What to do if a youth is identified as at risk?
Step 2. Useful methods for screening and diagnosis of XXXX in the Family Practice setting

- Overview of XXXX + diagnostic criteria + clinical findings
- Differentiating between Distress & Disorder
- Who to screen?
- Specific Screening Questions + Diagnostic tools + How to screen for suicide risk
- Step by step - Clinical Approach to Possible XXXX in Primary Care
- Co-morbidities
Step 3. Treatment Template
Non-specific Interventions

› Mood enhancing / worry reducing prescription

› Assessment and monitoring of functioning
More Non-specific Interventions

- Sleep assessment

- Psychosocial Interventions
  - Psychotherapeutic Support for children / teens (PST)
    - Approach
    - Be Present-Focused
    - Be Problem-Oriented
    - Provide Education
    - Coping Skills
    - Cognitive Strategy
    - Behavioural Strategy
    - Medication Intro
    - Be Realistic
    - Be Responsive

- Engaging the school
### Step 4. Suicide Assessment

**Tool for Assessment of Suicide Risk in Adolescents (TASR-A)**

<table>
<thead>
<tr>
<th>Individual Risk Profile</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family History of Suicide</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychiatric Illness</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Substance Abuse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Poor Social Supports/Problematic Environment</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Symptom Risk Profile</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depressive Symptoms</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychotic Symptoms</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hopelessness/Worthlessness</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anhedonia</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anger/Impulsivity</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Interview Risk Profile</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suicidal Ideation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Suicidal Intent</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Suicide Plan</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Access to Lethal Means</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Past Suicidal Behavior</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current Problems Seem Unsolvable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Command Hallucinations (Suicidal/ Homicidal)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recent Substance Use</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

6 item KADS Score: ______

Level of Immediate Suicide Risk

- High
- Moderate
- Low

Disposition: ______
Step 5. Safety and Contingency Planning

Safety Card - Emergency Contact Number

• Dr. (xxxxxxxx) number and email: 604-xxx-xxxx
  xxxxxxx@xxxxxxxxx.ca

• Emergency room 604-xxx-xxxx

• Vancouver Child and Youth Mental Health Referral Line: 604-675-3895

• Helpline for children: Toll-Free in BC (no area code needed) 310.1234

• Crisis Intervention and Suicide Prevention Centre of BC
  Lower Mainland 604.872.3311
  Toll Free 1.866.661.3311

• SAFER (Suicide Attempt Counselling Service) 604-675-3985

• Vancouver Island Crisis Line 1-888-494-3888
Step 6. Referral Flags

Refer at 3 different points:

› Emergency Referral (prior to treatment initiation)

› Urgent Referral (treatment may be already initiated)

› Usual Referral e.g. complex patients
Useful Resources

✓ Suggested Websites
✓ Toolkit – Clinical tools
✓ Algorithms: Medications and clinical approach
✓ Templates: Referral letters for school accommodation, psycho-education evaluation and referral from school to health services
✓ Videos
Suggested Websites

- Practice Support Program -  [www.pspbc.ca](http://www.pspbc.ca)

- Sun Life Financial Chair in Adolescent Mental Health – [www.teenmentalhealth.org](http://www.teenmentalhealth.org)

- Collaborative Mental Health Care - [http://www.shared-care.ca/toolkits-anxiety](http://www.shared-care.ca/toolkits-anxiety)

- Healthy Living Toolkits for families and health professional versions, contain information, resources, and tools to help children and youth with mental health challenges develop healthy living habits - [http://keltymentalhealth.ca/toolkits](http://keltymentalhealth.ca/toolkits)
Useful Resources

✓ Suggested Websites

✓ Toolkit – Clinical tools

✓ Algorithms: Clinical approach and medications

✓ Templates: Referral letters for school accommodation, psycho-education evaluation and referral from school to health services

✓ Videos
Clinical Tools

**Anxiety Disorders**
- Children
- Adolescents

**Major Depression**
- Adolescents

**ADHD**
- Children
- Adolescents

- Risk Factors table
- CRAFFT – Adolescent alcohol and substance use screen
- Child / Teen Functional Assessment (CFA / TeFA)
- Mood Enhancing Prescription / Worry Reducing Prescription
- Clinical Global Improvement (CGI) Severity and Improvement+

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**SCARED+**
- Kutcher Generalized Social Anxiety
- Panic Attack Diary
- Difficult Places to Go & Things to Do

**Kutcher Adolescent Depression Scale (KADS-6)+**
- Tool to Assess Suicidal Risk in Adolescents (TASR-A)

**SNAP – IV 18 item+**
- Kutcher Side Effects for ADHD Medications
Why these tools?

- Are user friendly
- Have been validated for age group
- Are free / public domain
- Are patient centered
- Provide a common approach across the different mental disorders
- Fit the busy agenda of GPs
Useful Resources

✓ Suggested Websites
✓ Toolkit – Clinical tools
✓ Algorithms: Clinical approach and medications
✓ Templates: Referral letters for school accommodation, psycho-education evaluation and referral from school to health services
✓ Videos
ADHD Diagnosis (DSM-IV criteria)

- Begin at 2.5mg – 5mg of methylphenidate in the morning, 2.5mg – 5mg 4 to 5 hours later and 2.5mg – 5mg at dinner for 1 week.

- Increase to 5mg – 10mg in the morning, 5mg – 10mg 4 to 5 hours later and 5mg – 10mg at dinner for 1 week.

- Continue at 7.5mg – 15mg in the morning, 7.5mg – 15mg 4 to 5 hours later and 7.5mg – 15mg at dinner for 1 week. If substantial side effects occur continue the dose and increase the time between dosages.

- If symptoms have not improved after 3 weeks of treatment, increase the dosage by 2.5mg – 5mg every week to a maximum of 30mg – 60mg.

- If you have reached the maximum doses and symptoms continue to cause distress and dysfunction REFER TO A MENTAL HEALTH SPECIALIST or change to Atomoxetine.

- Measure functioning using TEA/TeFA and side effects using V2KS in every visit.

Use PST/PO and WRP throughout the treatment process.

SNAP-IV (18 items) > 18, symptoms continue causing distress and CFA/TeFA shows decrease or no change in function. Time to start medication!
Useful Resources

☑️ Suggested Websites
☑️ Toolkit – Clinical tools
☑️ Algorithms: Clinical approach and medications
☑️ Templates: Referral letters for school accommodation, psycho-education evaluation and referral from school to health services
☑️ Videos
Date:
Salutation:

Re: Patient name_________ ; Request for psycho-educational testing

With the permission of ______________ patient name ____________, I am writing to request psycho-educational testing regarding the possibility of a learning problem concurrent with the diagnosis of ADHD.

I would be pleased to discuss this matter more fully with the appropriate school representative and with the individual who will do the assessment.

I can be reached at: ________________________ (telephone or by email address).

I look forward to hearing from you soon.

Sincerely;

Cc: Youth
Parent/guardian
Useful Resources

✓ Suggested Websites
✓ Toolkit – Clinical tools
✓ Algorithms - clinical approach and medications
✓ Template referral letters for school accommodation, psycho-education evaluation and referral from school to health services
✓ Videos
The Brain
Adolescent Depression
Separation Anxiety
Adolescent ADHD
OCD
Kids ADHD
How does PSP make changes?

Liza Kallstrom
What is the Practice Support Program?

- Change management for physician practices
- Collaborative Committees: BC Medical Association, Ministry of Health
Examples of PSP Topic Areas

**Practice Efficiency**
- Advanced Access
- Office Efficiency
- Group Medical Visits

**Clinical Redesign**
- Adult Mental Health
- End of Life
- Child and Youth Mental Health
Module Aim

Within 6 - 8 months, we aim to:

- Improve child and youth mental health in participating practices as evidenced by improved scores on clinical scales

- Help create an interdisciplinary community of practice for child and youth mental health in local communities
By focusing on...

- Early identification, diagnosis and management
- Appropriate use of evidence-based treatments
- Appropriate application of standardized methods of measurement
- Awareness of community mental health resources available
- Family physician collaboration with community partners
... in a module

- Module
- Lifespan framework
- Non-disorder specific tools
- Anxiety-specific tools, including medication
- Action Planning
- Measures
- Support during action period

- Sharing and learning
- Depression and ADHD
- Suicide risk assessment
- Role of the MOA
- Strongest Families BC
- Action Planning

- Sharing and learning
- Community resources
- CYMH billing
- School boards
- Sustainability

LS1 AP1 LS2 AP2 LS3 Ongoing support

- Identification, diagnosing, treating and managing Anxiety
- Track treatment outcomes
- Expand the role of the MOA

- Identification, diagnosing, treating and managing Anxiety and ADHD
- Track treatment outcomes
- Expand the role of the MOA

LS = Learning session
AP = Action period

Practice Support Program
... with community-by-community sharing and learning ....
.. by the local teams
In **Creston** they’re testing Mental Health primary care visits in the local high school.

In **Vernon** they’re testing phone consultation with the Specialist and GP around treatment and medication advice.

In **Nanaimo** they’re testing open call–in times for GPs during case review meetings at the Ministry of Child and Family Development – Child and Youth Mental Health Services.

**All Across BC** GPs and School Counsellors are testing ways to screen children and youth, and share information.
What was achieved? Out of 23 teams that reported, within 3 months:

- **225** On a registry with anxiety, depression or ADHD
- **110** Treated with non-pharmacological interventions
- **42** Treated with protocol driven medications
What’s happening? Out of 23 teams that reported

10 Teams working on processes between GPs and schools

6 Teams working on processes between GPs and specialists

7 Teams working on involving patients and family in care

7 Teams working on leveraging community/provincial supports
But best of all…

- Depression
  - KADS-6 score over visits 1 to 4 shows a downward trend.

- ADHD
  - SNAP-IV 18 score over visits 1 to 3 shows a downward trend.

- Anxiety
  - SCARED score over visits 1 to 3 shows a downward trend.
Animation: Anxiety
What are the Results so Far

Dr. Marcus Hollander
Evaluation of the Train the Trainer Process

New PSP Learning Module

- **TtT #1**: Preparation of Report to Inform Planning for Action Period and TtT #2
- **Action Period**: GP Champs Action Period Data Collection
- **TtT #2**: Preparation of Final Report of TtT process

- **GP Champs Pre-TtT Survey (establish baseline at beginning of TtT#1)**
- **Everyone in Attendance: TtT#1 Survey (at end of TtT#1)**
- **Everyone in Attendance: TtT #2 Survey (at end of TtT #2)**
- **Module Roll Out**: CYMH Module Evaluation After Roll Out
<table>
<thead>
<tr>
<th>Tool / Resources</th>
<th>% GPs Familiar at Beginning of TTT-1 (N=36)</th>
<th>% GPs at least “Moderately” Confident At End of TTT-1 (N=17)</th>
<th>Proportion (%) at least “Moderately” Confident At End of TTT-2 (Max N=22)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teen Functional Assessment (TeFA)</td>
<td>7 (22.6%)</td>
<td>88.2</td>
<td>19/19 (100%)</td>
</tr>
<tr>
<td>Clinical Global Impression–Improvement Scale (CGI)</td>
<td>8 (24.2%)</td>
<td>94.1</td>
<td>15/15 (100%)</td>
</tr>
<tr>
<td>Kutcher Adolescent Depression Scale (KADS-6 )</td>
<td>7 (21.2%)</td>
<td>94.1</td>
<td>19/20 (95.0%)</td>
</tr>
<tr>
<td>Swanson, Nolan, and Pelham-IV (SNAP-IV) – 18 items</td>
<td>7 (21.2%)</td>
<td>76.5</td>
<td>18/19 (94.7%)</td>
</tr>
<tr>
<td>Screen for Child Anxiety Related Disorders (SCARED)</td>
<td>8 (24.2%)</td>
<td>87.5</td>
<td>19/19 (100%)</td>
</tr>
</tbody>
</table>
Number (Percentage) of GPs who Rated Themselves as “Very” or “Moderately Confident” on Several Aspects Related to Mental Health for Children and Youth: Comparison Over Time

<table>
<thead>
<tr>
<th>How confident are you in your ability to perform each of the following activities at this time?</th>
<th>Baseline (N=36)</th>
<th>TTT-2 (N=20)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Initiate a conversation about mental health care with a young patient (and his/her family, as appropriate).</td>
<td>33 (91.7%)</td>
<td>19 (100%)</td>
</tr>
<tr>
<td>(b) Provide guidance/information to improve the mental health of your young patients.</td>
<td>22 (61.1%)</td>
<td>19 (100%)</td>
</tr>
<tr>
<td>(c) Develop an action plan for your young patients requiring mental health care.</td>
<td>13 (36.1%)</td>
<td>19 (100%)</td>
</tr>
<tr>
<td>(d) Monitor common mental disorders in children and youth.</td>
<td>14 (40.0%)</td>
<td>19 (95.0%)</td>
</tr>
<tr>
<td>(e) Collaborate with community partners (e.g., school counsellors) in the mental health care of children and youth.</td>
<td>22 (61.1%)</td>
<td>19 (95.0%)</td>
</tr>
<tr>
<td>(f) Refer the young patients to specialists in the community, as appropriate.</td>
<td>31 (86.1%)</td>
<td>19 (95.0%)</td>
</tr>
<tr>
<td>(g) Provide culturally-sensitive guidance to patients requiring mental health care.</td>
<td>16 (44.4%)</td>
<td>19 (95.0%)</td>
</tr>
</tbody>
</table>
Analysis Design for the Child & Youth Mental Health Learning Module

To be administered to GPs, MOAs, School Counsellors

In addition to GPs, MOAs and School Counsellors, this will include specialists and other community based professionals who attend the learning module as attendees or advisors

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1. **Learning Session 1** → **Action Period 1** → **Learning Session 2** → **Action Period 2** → **Learning Session 3** → **Follow Up**

   - **Baseline Survey¹**(Beginning of LS1)
   - **End of Module Survey²**(End of LS3)
   - **Follow Up Survey³**
   - **Patient Experience Survey. For CYMH Use the CGI**

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¹ To be administered to GPs, MOAs, School Counsellors

² In addition to GPs, MOAs and School Counsellors, this will include specialists and other community based professionals who attend the learning module as attendees or advisors

³ GPs Only
Lessons

Dr. Garey Mazowita
“...connectedness, reassurance that youth will have follow up by other team members – I feel less like kids will fall through the cracks”

-School Counsellor
“... By bringing in the GP or the school, you bring in more comprehensive support”

-GP
Local and Collaborative Participation

- Attend the learning sessions together – 3 x 3.5 hours
- Participate as part of the team during the action periods
- Common tools, common language
Summary

- The potential impact of this work is BIG
- We are increasing capacity in primary care
- Collaboration is embedded
- Real results can be seen quickly and appear to be sustainable
- System change is leveraged
For more information

Practice Support Program
115 - 1665 West Broadway
Vancouver, BC  V6J 5A4
Tel: 604 368-2854