Child & Youth Mental Health Services in Primary Care – An “Innovative” Approach

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Presentation Objectives

• An overview of a Child & Youth Mental Health (C&Y MH) model in primary care
• Sharing lessons learned during the 2 year pilot phase (2006 to 2008)
• Discussion - challenges, successes & future directions of C&Y MH in primary care

The Hamilton Family Heath Team

Collaborative Primary Care
The HFHT Child & Youth Mental Health Initiative

- 0 to 18 yrs. as a major focus
- Family-centered
- Easily administered/accessible
- Stepped-model of care
- Team co-ordination/consultation
- Links with community agencies

The Child & Youth Mental Health Team

- Coordinator - .8 FTE
- C&Y MH Counsellor - 2 FTE positions (min. of 5 yrs. clinical experience)
- C&Y Psychiatrist - .2 FTE

Child & Youth Mental Health Scope of Practice

- Mental Health – prevention, detection, assessment, brief intervention
- Psycho Social Issues – adjustment & family issues (separation & divorce)
- Education and Support
Child & Youth Psychiatrist

Role

• Indirect patient consultation via telephone and fax with HFHT Family Physicians, MHC's and HFHT General Psychiatrists
• Professional Development for practice teams
• Professional Development for HFHT Family Physicians and MHC’s

“Stepped Model”

• C&Y MH Counsellor - co-located providing direct clinical services
• Telephone consultation with a C&Y MHC
• Direct consultations consist of a co-counselling model – Mental Health Counsellor (MHC) & C&Y MHC
• Indirect consultation with C&Y Psychiatrist – telephone or fax

“Stepped Model” (cont.)

• MHC peer consultation groups at various locations (case discussion and presentations)
• Mental Health Newsletter (bi-monthly)
• Large group discipline specific professional development
• Lunch & Learns (practice teams)
Child & Youth Mental Health Initiative Goals

• To increase access to C&Y mental health services within primary care
• To increase capacity in C&Y mental health among the practice teams
• To increase detection of C&Y mental health problems

Increasing Access

• C & Y MH Counsellors working as interdisciplinary team member in the family practice
• Develop clinical tools/resources that are applicable to primary care setting
• Consultation model – informal, telephone, co-session
• Collaboration with community partners
Increasing Capacity

- C & Y MH inter-professional education
- Resource development and distribution
- Knowledge transfer
- Standardized Detection Tool

Increase Detection of Child & Youth Mental Health Problems

- Development of Detection Tool
- Implementation and process planning with the Family Practice
- Linking to internal and external resources
- Evaluation

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Mental Health Screening In Primary Care For "At Risk" Children & Youth

Rationale for Screening In Primary Care

1 in 5 children in the general population have mental health problems (18.6%)
Mental health is the main presenting complaint for 2 - 5% of children attending primary care (Garralda, 1998)
Access - most children are seen in primary care in a given year (Kramer & Garralda, 2000)
Early identification and intervention can be effective in preventing mental health problems that are developing in those that are at high risk

Key Considerations

- The detection tool increases awareness and knowledge of symptoms associated with child & youth mental health
- Provide a common language for primary care practice teams
- Client–centered (addresses main concerns of the individual and incorporates the DSM IV criteria for common mental health conditions in children & youth)
- Self administered
- Spans the developmental stages from early childhood to adolescence
- Easily accessible, widely understood, and useful
- Brief and easy to score
- Cost effective

Barrier

- Many of the tools screened one condition – not feasible in busy primary care setting
- Questionnaires were lengthy and time consuming

Criteria

- Create a detection tool that is specific to the needs of HFHT that is linked to community resources – (directly correlates with The Community Resource Tool)
- Information obtained would help the individual with the main presenting concern
- Must be practical for a primary care practice
- Based on scientific evidence
- The detection tool will help inform the health care provider and patient of services/resources that are accessible and proven to be helpful
- Compatible and consistent with community screening tool (BCFPI used broadly in the community)

Decision

- Developed a “brief” one page version of the BCFPI
- Added questions related to client's history and concerns

Implementation

- Introduced detection tool at specific primary care practices
- Each practice devised their own process for administering the detection tool
- Pilot the detection tool for 6 months and review

Future Directions

- Evaluate the validity of the detection tool for the primary care population
  i. Is it feasible to use a standardized intake/screening tool in primary care?
  ii. Does the use of a screening tool improve the detection of mental health issues in primary care?
  iii. Does it increase the number of referrals for mental health services?
- EMR compatibility
- Internet version of “brief” BCFPI

Knowledge Transfer
Patient Satisfaction

Therapeutic Alliance

Patient Satisfaction

What recommendations were given to you today?

Follow-up appointments
Educational Materials
Referral to a parenting group
Referral to a community group
Call clinical team
Other (follow-up phone call)

Plan of Action

Follow recommendations
Return for future appointments
Felt like session was helpful
Patient, Physician, and Practice Team Feedback

"I think the lesson we have learned here is that, early intervention and getting strategies, helping families right away - it’s made it easier because now parents are sort of giving us… "I don’t know what to do, I think my child might have ADHD - where do I go with this?" - and now I have sort of much more confidence in making that dx and talking to parents about what we can do!"

Family Physician feedback

Patient, Physician, and Practice Team Feedback

“If I could just sum up here, it’s having someone with that expertise and knowledge of the community and the ability to work well as a team...”

Practice Team Nurse

“... In the doctor’s office I don’t seem to have a problem with my doctor as soon as he found out our situation he was right on top of things. And he started the counselling and so forth. And our counsellor is good cause he’s always suggesting different avenues, websites and things for us”

Patient feedback

Successes & Challenges

Success
– Accessible
– Timely
– Convenience

Challenges
– EMR
– Space
– Maintaining Scope of Practice
Creating a child and youth friendly environment at the family practice can be challenging…

Lessons Learned

• Define scope of practice for C&Y MH
• Flexibility
• Resources
• Build relationships with all practice members
• C&Y MH requires more time
• Know your community services

Future Directions

• Web – based resources
• Innovative approaches (telephone, email)
• Registry development
• Parent education groups for common conditions (ADHD, depression)
• Service delivery planning with community (Ministry CYS, education, child welfare, PH, recreation)
Thank You!

“The solution of adult problems tomorrow depends in large measure on the way our children grow up today. There is no greater insight into the future than recognizing when we save our children we save ourselves”

Margaret Mead

Contributions

• The Provincial Centre of Excellence for Child & Youth Mental Health at CHEO
• CCMHI Toolkit
• Dr. Nick Kates & HFHT Mental Health Program
• Don Buchanan – Offord Centre for Child Studies & McMaster Children’s Hospital
• Chuck Cunningham PhD – Professor – McMaster University, McMaster Children’s Hospital
• Dr. Ken Burgess, Lead Physician, HFHT
• Carrie McAiney – Evaluation FHT

HFHT Child & Youth Mental Health Video