Developing Effective Collaboration in Children’s Mental health: One Question At a Time

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Disclosures

• Drs. Sarvet and Sulik have no financial relationships or other conflicts of interest relevant to this presentation

Background

• Massachusetts (Sarvet): Statewide system of child psychiatry consultation, care coordination, and educational services for primary care

• Minnesota (Sulik): Localized clinic/health system based model of collocation, consultation, and collaborative care
Program Design

- Dedicated teams deployed regionally across state
- A state governmental program, through the MA Dept of Mental Health, administered by the Medicaid MCO.
- Serves all children and families in MA regardless of insurance status
- Teams hosted by prominent children’s healthcare institutions with existing networked relationships with pediatricians
- Operating budgets of teams are fully funded, subject to reconciliation of third party reimbursement

Types of Consultation Questions

- Help!
- Diagnostic question
- Treatment planning
- Unable to access MH resources
- Need second opinion
- Medication Questions
  - Selection
  - Side Effects
  - Interim management
- Screening support
- Therapy Questions
  - Selection
  - Monitoring
  - Linkages
Child Psychiatrists are from Mars
Likes ambiguity
Likes to think
Low volume
Patient encounters: 30-90 minutes
Theory
confident in knowledge of mental health

PCC’s are from Venus
Likes clarity
Likes to do
High Volume
Patient encounters: 5-20 minutes
Practice
nervous as can be about mental health
Outline of Curriculum

• General Children’s Mental Health
• Presenting Problems
• Assessment and Diagnosis
• Management of Diagnostic Syndromes
• “Friday afternoon” Questions

Settings for Education

• Individual telephonic “curbside” consultation
• Small consultation group
• Conference
• Online columns or email
• Book

General Mental Health Questions

• Doesn’t a patient need to be seen by a child psychiatrist for the “official diagnosis”?
  • teaching points:
    • application of diagnostic criteria
    • functional impairment criteria
    • symptoms not attributed to other diagnosis
General Mental Health Questions

- I’m thinking about starting mental health screening in my practice. Which screen should I use? How to interpret?
  - Teaching points
    - Parent ratings for young kids, externalizing sx’s, self-report ratings for adolescents, internalizing sx’s
    - Follow-up interview for positive screens
    - Privacy, use of office staff, narrow band vs. broad band
    - Options based on preferences regarding cost, convenience, brevity, ease of scoring

- I have this patient who has been functioning poorly for years but refuses to see a mental health provider. Any ideas how I can convince him?
  - Teaching points:
    - Well...he’s seeing you, isn’t he? Interventions possible in primary care: psychoeducation, brief counseling approaches, psychopharmacology, family conference
    - Basic motivational interviewing principles, mobilizing family supports

- I just found out that my patient has been in a substance abuse treatment program and I did not know anything about it. Should I be involved somehow?
  - Teaching points
    - Scope of practice, monitoring, coordinating role of pcp
    - How to gather information about problem and treatment

www.mcpap.org
www.schoolpsychiatry.org
Presenting Problems

- Hyperactivity/Inattention
- Depressive symptoms
- Anxiety, avoidance
- Aggressive Behavior
- Oddness
- Substance abuse
- Self-injurious behavior
- School Refusal
- Risk taking behavior
- Underachement
- Psychosomatic symptoms
- Abnormal eating
- Victim of abuse/trauma
- Hallucinations in children
- Hallucinations in adolescents

Teaching Points: Differential diagnosis for each problem. Assessment procedures for differential diagnoses including psychiatric ROS, rating scales, mental status exam findings.

Assessment and Diagnosis

- What’s the best way to ask a kid about suicidality?
- Teaching points
  - Establishing rapport
  - Interviewing techniques: direct, straightforward approach
  - Asking questions in context of depressive symptoms, not out of the blue

Assessment and Diagnosis

- Checklist is positive for depression, ROS is negative for medical illness, substance abuse, bipolar. What should I prescribe? Teaching point:
  - Common PCC omission: the MSE
  - Discuss general approach to brief clinical interview MSE
Assessment and Diagnosis

• My 7 yo patient can’t focus in school and has difficulty sitting still. I want someone to do more thorough testing for ADHD but I can’t get a child psychiatrist to see this patient?

• Teaching points:
  • Application of DSM IV criteria for ADHD
  • Use of rating scales
  • Differential diagnosis of ADHD
  • Discussion of role of psychiatric consultation and/or psychometric testing

Management of Diagnostic Syndromes

• A mom called this morning and said “My daughter has been on the new medication for two weeks there hasn’t been any change. She wants to switch to a new medicine. How long should I tell her to wait before we switch it?”

• Teaching points
  • Time course of response to antidepressents
  • Review of best practice guidelines regarding dose titration (ie GLAD-PC)
  • Monitoring tools and techniques

Management of Diagnostic Syndromes

• I have a patient with ADHD. Ritalin has helped somewhat but he’s still got moderate symptoms. Is there anything more I can do?

• Teaching points:
  • Stimulant dose titration tips, dosage limits
  • Second, third line medication options
  • Psychosocial intervention strategies: educational interventions, psychotherapy: behavioral, parent training
  • assessment of possible comorbidities
Management of Diagnostic Syndromes

• I have an 8 year old that I put on Zoloft two weeks ago for generalized anxiety disorder. Mom called to say that she stopped the med because he became like a different person, hyperactive, uncharacteristically aggressive. He recovered after 2 days, but she’s worried and doesn’t want any other medication. What should I do?
  • Teaching points
    • activation vs. hypomania/mania
    • need for anticipatory guidance (in retrospect)
    • consideration of CBT referral rather than medication
    • reconsideration of diagnosis
    • risk assessment for second ssri trial

Friday Afternoon Specials

• I have this 15 year old girl in my clinic now whose mom brought her in because she had made a suicidal threat at school. Should I just hospitalize her?
  • Teaching points
    • Risk factors for completed suicide
    • Interviewing approaches for assessing suicidality and dangerousness
    • How to access crisis services
    • How to collaborate with crisis services
    • Selection of appropriate level of care, spectrum of acute services

Friday Afternoon Specials

• A 17 year old patient of my partner, came in for a sore throat. I noticed cuts up and down her arms, some of them fresh. When I asked her about them, she started crying. What should I do?
  • Teaching points:
    • Handling the clinical interview with a distraught patient
    • Risk/dangerousness assessment
    • Assessing supports, discussing options for treatment
    • Access/Collaboration with crisis services
Key Features of Question Based Curriculum Model

- Problem-based learning
- Breaking down topics into bite-sized chunks
- Use of real-world scenarios: actually questions are derived from actual telephone consultations
- Works best within framework of collaborative system with ready access to child psychiatry consultation