Mental Health Screening in Primary Care

OVERVIEW OF THE
PEDIATRIC PSYCHIATRY COLLABORATIVE PILOT PROGRAM
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NJ Chapter, American Academy of Pediatrics
Today’s Presentation

- Describe the local, state, and national challenges impacting children’s mental health.
- Understand the vision for integrating psychiatric and pediatric primary care.
- Become familiar with the pilot/demonstration projects that Meridian Behavioral Health Services and Cooper University Health Care are currently operating, thanks to the NJ DCF.
Our Challenge for the Future of Healthcare

“Trying harder will not work, changing systems of care will.”

Don Berwick
Former Administrator, CMS
Former CEO, Institute for Healthcare Improvement
Mental Health Facts for Children and Adolescents

- 20% of youth ages 13 to 18 live with a mental health condition

- Disorder among youth:
  - 11% have a mood disorder
  - 10% have a behavior or conduct disorder
  - 8% have an anxiety disorder

- Suicide is the third leading cause of death in youth ages 10-24

National Alliance of Mental Health
Impact of Mental Illness in Youth

- 50% of all lifetime cases of mental illness begin by age 14 and 75% by age 24
- The average delay between onset of symptoms and intervention is 8 to 10 years
- Approximately 50% of students age 14 and older with a mental illness drop out of high school
- 70% of youth in state and local juvenile justice systems have a mental illness

National Alliance of Mental Health
Why the Early Childhood Medical Home?

- Unique and comprehensive, unstigmatized access to early childhood
- Public’s deep respect for pediatricians as trusted guardians of child health
- Number of well-child visits from birth to age 5
- 97% of infants and toddlers have regular access to healthcare (CDC, 2006)
Parents’ Top Reasons for Attending Well-Care Visits

- Promoting Health
  - Immunizations
  - Screening
  - Referrals
- Requirements
  - School, child care, sports
- Reassurance
  - Is my child okay?
  - Am I doing okay as a parent?
- Opportunities for Discussion
  - Parent priorities are key
It's What Parents Want!

- McCune et al reported that 81% of parental questions for pediatricians concerned psychosocial issues.

- In their study, parenting issues were parents' predominant concern: 70% of mothers were more worried about some aspect of their parenting or their child's behavior than they were about their child's physical health.
Barriers for Pediatricians

- Lack of time during an appointment to address mental health.
- Lack of training, expertise, & comfort with mental health identification or treatment.
- Lack of payment or compensation for providing mental health services.
- Lack of knowledge regarding community mental health referral services.
- Lack of mental health referral services in the community.
Advocacy at the Community Level

- Although pediatricians may not have the time to extensively treat a mental health disorder, they can initiate treatment and make effective community referrals.

- Pediatricians should:
  - learn about the resources available in your community.
  - Contact the community resources to build a better relationship with their clinic.
  - Find out which community resource is the most comprehensive & effective by speaking with other community members & psychiatrists.
Impact on Primary Care

- Advantage/Potential Roles of Primary Care Clinicians in Mental Health (MH) Care:
  - Longitudinal, trusting relationship
  - Prevention
  - Early identification / screening
  - Early intervention / engagement
  - Diagnostic assessment
  - Specific treatment
  - Referral / collaborative care (with Mental health professionals)
  - Monitoring progress in care
  - Care coordination
Impact on Primary Care (cont.)

- Barriers to Enhancing MH Care in Primary Care Settings:
  - Ambivalence / variability
  - Discomfort
  - Time constraints
  - Poor payment
  - Variable access to MH specialty resources
  - Administrative barriers to MH services
  - Limited information exchange with MH specialists
  - Children and families’ reluctance to seek MH specialty care
Strategies: What Works for Primary Care (cont.)

A set of principles, strategies and tools that are theory-based, evidence-driven, and systems-oriented, that can be used to improve the health and well-being of all children.

Strategies: What Works for Primary Care (cont.)

- Bright Futures Guidelines for Health Supervision of Infants, Children, and Adolescents, 3rd Edition

- Mental Health Task Force
  - Chapter Action Kit
  - Special Article: Reducing Administrative & Financial Barriers to Access & Collaboration
  - Policy Statement: MH Competencies for Pediatric Primary Care
  - Supplement: Enhancing Pediatric MH Care
  - MH Clinician’s Toolkit
  - New Models of Care
Strategies: What Works for Primary Care (cont.)

- The Bright Futures Guidelines, 3rd Edition
- Themes:
  - Promoting Mental Health
- In the Visits:
  - Priorities for the Visit
  - Observation of parent-child interaction
  - Surveillance of development
    - Developmental milestones
    - Developmental tasks
    - Universal and selective screening
    - Anticipatory Guidance
- How you might do it:
  - See the Introduction to the Visit Section
Strategies: What Works for Primary Care (cont.)

- Outlines issues and potential solutions
- Makes recommendations to insurance purchasers, payers, & managed behavioral health organizations
- Improving MH Services in Primary Care:
- Reducing Administrative & Financial Barriers to Access & Collaboration

Strategies: What Works for Primary Care (cont.)

- Addressing MH Concerns in Primary Care: A Clinician’s Toolkit

3 approaches to using the toolkit:
- Preparation of the Practice (inventory)
- Step-by-step clinical process (algorithms)
- Guidance in managing common presenting symptoms (cluster guidance)
Screening
## Surveillance vs. Screening

<table>
<thead>
<tr>
<th>SURVEILLANCE</th>
<th>SCREENING</th>
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<tbody>
<tr>
<td>Informal way to see what is going on with a family.</td>
<td>Using a validated, standardized screening tool at designated intervals to help identify children with developmental delay, social, emotional and/or behavioral issues.</td>
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<tr>
<td>“How are things going at home, school, with friends?”</td>
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"Surveillance vs. Screening"
Surveillance and Screening

- One does not replace the other

- Begin by attending to parent concerns
  - “Do you have any specific concerns about your child’s development, emotional functioning, learning or behavior?”

- Screening at regular intervals improves detection of behavioral and mental health issues.
The Importance of Standardized Screening

- Not all cases will be identified via routine interview, or "eye-balling" patient/family...
- Most clinicians eyeball the child and ask a couple of questions.
- May be fine for physical delays, but is not a good way to identify children with mild cognitive/developmental disabilities, communication problems, emotional and behavioral problems, or delays in social development.
- 70-80% of children with developmental problems will be missed if a standardized approach is not applied. Alternatively, if a structured, standardized instrument is used, 70-80% will be identified.
The Importance of Standardized Screening (cont.)

- Provides teachable moments about development and developmentally appropriated expectations with parents
- Parents often underestimate symptoms:
  - Children may withhold complaints because of concerns they are abnormal, or to protect parents who are upset
  - Parents may not think professionals are interested or assume “normal reactions to abnormal event”
  - Stigma related to mental illness
Does Screening Mean Becoming an Expert in Development or Mental Health?

Screening is looking at the whole population to identify those at risk. Identified children are referred for assessment. Assessment determines the existence of a developmental delay or mental health issue which generates a decision regarding intervention.
Social Emotional Screening for Babies, Toddlers, and Preschoolers

- **SWYC - Survey on the Wellbeing of Young Children:**
- Comprehensive surveillance or first-level screening instrument for routine use in regular well child care
- Covers developmental milestones and social/emotional development
- Combines what is traditionally “developmental” with traditionally “behavioral” screening
- Freely-available, takes 10-15 minutes to complete, for ages 2 months - 5 years

Tufts University School of Medicine, http://www.theswyc.org/
Social Emotional Screening for Older Children & Adolescents

- Pediatric Symptom Checklist (PSC-35, Y-PSC)
- If needed, secondary screening may be considered:
  - Personal Health Questionnaire-9 (PHQ-9) or PHQ-A (Adolescents) for Depression
  - SCARED or GAD-7 (both for Anxiety)
  - Mood Disorder Questionnaire (MDQ) Bipolar
Pediatric Symptom Checklist (PSC-35, Y-PSC)

- A psychosocial screen designed to facilitate the recognition of cognitive, emotional, and behavioral problems so that appropriate interventions can be initiated as early as possible.

- Assessment can be used for ages 6 to 18

- Available in multiple languages and a pictorial version

- Parent version available for young children ages 6 to 11 and self assessment from age 11 and up (Y-PSC).
Key Points

- Mental health problems are a significant concern in children and adolescents, but the average time period between initial symptoms and obtaining treatment is 8 to 10 years.
- Mental health screening in primary care can help reduce this length of time through early identification of symptoms.
- Using secondary screening tools can help to further clarify the predominant difficulties, and provide information for a more focused treatment plan.
Communicating and Connecting
Tips for Communicating Results

- Attend to parent concerns
- Clear communication
- Communicate concerns within the context of specific strengths
- Delineate clear action steps
- Provide ongoing support
What Do I Do Once I’ve Identified A Risk?

- Assess the child/families strengths by looking at their:
  - Connection/Belonging
  - Competence/ Mastery
  - Independent decision-making
  - Helping out (family and/or community)

- What are the families’:
  - Assets
  - Resources
  - Resiliencies
What Do I Do Once I’ve Identified A Risk? (continued)

- SERIES: An Integrated Approach to Supporting Child Development – both physically and emotionally
  - Screening
  - Early Identification
  - Referral
  - Intake
  - Evaluation
  - Services

*Policy Lab, CENTER TO BRIDGE RESEARCH, PRACTICE & POLICY, Children’s Hospital of Philadelphia Evidence to Action, Summer 2012*
Making This Work in Pediatric Practices
Pediatric Psychiatry Collaborative (PPC) Overview

- Funded by NJ DCF - A partnership between Meridian Health and Cooper Health and the NJ Chapter, American Academy of Pediatrics
- The program is open to any pediatric provider serving children up to age 18
- Child psychiatrist available for diagnostic evaluation and medication consultation free of charge
- Licensed social workers and psychologists are available to facilitate referrals to appropriate services in the community
Pediatric Psychiatry Collaborative (PPC) Purpose

- To encourage and improve screening for behavioral and mental health issues in primary care.
- To aid the pediatrician with patient care via medication consultation and care coordination.
- To address the need for quick access to psychiatric evaluations and consultation
- To facilitate referrals for accessing mental and behavioral healthcare
Pediatric Psychiatry Collaborative (PPC)

Key components:

- 2 hubs
  - Meridian Health
  - Cooper University Health Care
- At least 75 pediatric practices/pediatricians per hub
- Pediatric MOC Part 4 with NJAAP
Pediatric Psychiatry Collaborative (PPC) (cont.)

Key components (cont.):

- Universal Screening in Pediatric Practices
  - Survey of Well-being of Young Children (SWYC) for ages 0–5.
  - Pediatric Symptom Check List (PSC) for ages 5–18.
  - Strength and Difficulties Questionnaire to follow patients and to measure outcomes.

- A 1-800 number
- Availability for on-the-phone consultations/medication guidance
Collaborative Hub Procedure

- PCP or office staff screens patients for mental health issues by administering a screening instrument during the patient’s well visit (PSC, Y-PSC, or SWYC).
- If screening indicates the need for services, or there are concerns regarding patient’s mental health, PCP may either phone in or FAX a consult form to the HUB.
- HUB staff contacts the family to obtain additional information, to administer additional screenings if needed, and to determine the appropriate services needed.
- HUB staff makes appropriate referrals to community resources.
Collaborative Hub Procedure

- HUB psychiatrist is available by phone to provide consultation to PCP as needed regarding diagnosis, medication, etc.
- HUB psychiatrist can provide a one-time psychiatric evaluation for patients, free of charge.
- HUB psychiatrist discusses the results of psychiatric evaluations as well as ongoing med management with PCP
- Patients are able to contact HUB staff if they have any concerns or difficulties obtaining services
Outcomes

- Over 160 pediatricians are actively engaged in the program
- 15,000 children screened
- 700 children obtained community services identified by the pilot’s care managers
- Expansion to seven additional NJ counties
Outcomes

- Continuation of existing hubs for May 1, 2016 - April 30, 2017
- Expansion (Phase 2) to provide services for two more hubs:
  - Middlesex/Mercer Counties (served by Meridian Health and St. Peter’s)
  - Atlantic/Cape May/Cumberland/Salem/Gloucester Counties (served by Cooper Health)
- May 1, 2016 - April 30, 2017
NJAAP’s Collaborative Mental Health Program MOC Part 4

Optional Benefit of Hub Participation

Aimed at helping pediatricians increase use of mental/behavioral health screening tools, anticipatory guidance, referrals & care coordination. Participants will receive:

▪ Training on mental/behavioral health screening
▪ APP Mental Health Toolkit, along with other resources
▪ Hands-on technical assistance for implementing screening
▪ Opportunities to network with colleagues and experts
▪ 25 ABP Part 4 MOC points upon program completion
## NJAAP's Collaborative Mental Health Program MOC Part 4

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<tr>
<th>Timeframe</th>
<th>Requirements</th>
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<tr>
<td>July/August 2016</td>
<td>Prerequisite data collection</td>
</tr>
<tr>
<td>September 2016</td>
<td>Learning Session 1</td>
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<tr>
<td>September 2016 – March 2017</td>
<td>Active QI Period</td>
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<tr>
<td>March 2017</td>
<td>Learning Session 2</td>
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<tr>
<td>April 2017</td>
<td>NJAAP attests to ABP that pediatrician is in compliance with all project requirements</td>
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The Win/Win

- Healthy, thriving children as a result of building lifelong health and an economically sound and thriving community/society
- Opens up professional doors and opportunities for you and the families and communities you serve
- It’s fun and rewarding!!!!
What Practices Are Saying About the Hub

“I love the Hub! It has really helped us provide immediate access to mental health services for our patients. Now our patients' mental health issues are addressed in a timely manner. I was so impressed that the child psychiatrist called me for consults about my at-risk teens.”

J. Bautista, MD
Colts Neck Pediatrics

“We have found the Cooper Hub to be valuable to our Pediatric Care Center and hope to continue to work with them as they expand their services and resources for us in this area.”

P. Coant, MD
AdvoCare Gloucester
What Families Are Saying About the Hub

Mother of 16-year old
Monmouth County patient:

“The program has been a godsend.”
“I am so thankful for this program!”
Interested?

___ I would like to participate in the project and join the Hub
___ As a member of the Hub, I would also like to participate in the MOC program

Name: __________________________________________
Practice: ________________________________________
Phone #: ________________________________________
Email: __________________________________________

For more information, email MHC@aapnj.org, call 609-842-0014, fax to 609-842-0015, or visit www.njaap.org.
Thank You!
Questions?