Mental/Behavioral Health Virtual Learning Collaborative

Spring 2021

Session #2

APRIL 7, 2021

12:30-1:30 P.M.

Learning Collaborative Faculty/Advisors

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Quality Improvement Coach

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Bellevue Pediatrics, Ewing, NJ

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Learning Collaborative Participants	
Advocare West Deptford Pediatrics Dr. Angela Knestaut	Happynest MD. LLC Dr. Beth Gelman
Advocare West Morris Pediatrics Dr. Michele Davide	Howard Neil Kornfeld Dr. Howard Kornfield
Bergen West Pediatric Center Dr. Kathleen Cerkvenik	Integrated Pediatrics Dr. Sunita Gulati
Child Health Associates PA Dr. Mana Somasundaram	Jersey Shore University Medical Center Dr. Chee Tan
Children's Health Center Dr. Nancy Denicola	Luz Romero, MD, LLC Dr. Luz Romero
Complete Care Pediatrics Dr. Grace Yia	Mahi Pediatrics Uma Kanikicharla
Dr Neil Gittleman, MD Dr. Inna Lekht	Med 4 Kids Dr. Roji Andrews
Elite Pediatrics Dr. Sarah Elfanagely	Morris Pediatric Care, LLC Dr. Aradhana Rajkumar
Excel Pediatrics Dr. Anjana Dravid	My Whole Child Pediatrics Dr. Naveen Mehrotra
Florham Park Pediatrics Dr. Ellen Ganek	NeurAbilities Healthcare Dr. Amir Miodovnik

Learning Collaborative Participants

New Jersey Department of Health Lisa Jenkins	Tribeca Pediatrics Dr. Riddhi Thaker
Nurture Pediatrics Dr. Leena Benoy	Trinity Pediatrics PCPA Dr. Kia Grundy
Pediatricare Associates Dr. Sapna Shah	Valley Hospital Dr. Marivic Santiago
Plaza Family Care Dr. Ankita Trivedi	Dr. Radhakrishna and Associates Dr. Vijaya Radhakrishna
PM Pediatrics Dr. Khushbu Shah	Westfield Pediatrics Dr. Nicole Fersa
Premier Medicine and Wellness Ann Willitts & Dr. Jodi Peska Mosseri	Williamstown Pediatric Practice Dr. Mary Mathew
Princeton Nassau Pediatrics Dr. Payal Hemrajani & Dr. Wendy Rivers	Monmouth Medical Center Dr. Kristen Pyne
Rutgers RWJMS Dr. Natalia Karpova	West Deptford Pediatrics Dr. Heather Ruddock
Southern Jersey Family Medical Center Dr. Lillian Mekhail	

Session Agenda

- Welcome, Roll-Call, and Introductions – 5 minutes
- Brief Lecture/Didactic – 15 minutes
- Q.I. Tools and Strategies – 10 minutes
- Case Presentation #1 – 10 minutes
- Clarifying Questions and Discussion – 15 minutes
- Summary and Close – 5 minutes

Session #2:
Screening for Mental/Behavioral Health – A Practice Team Approach

Learning Objectives:

- Understand best ways to utilize age-appropriate, validated screening tools to identify patients with common pediatric mental/behavioral health disorders
- Discuss common questions and concerns related to identification and management of mental/behavioral health issues
- Discuss a case presentation of a patient identified with mental/behavioral health concerns
- Identify quality improvement strategies for testing and implementing mental/behavioral health patient services in their practice

Screening for Mental/Behavioral Health A Practice Team Approach

APRIL DOUGLASS-BRIGHT, MD

COOPER PEDIATRICS, WASHINGTON TOWNSHIP

GLOUCESTER COUNTY

Disclosures

I have NO relevant disclosures

Why Address Mental Health Issues in Pediatric Primary Care?

- 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

Overall goal:

To identify mental/behavioral health and substance use concerns of your patients earlier and reduce the gap between identification of a problem and treatment initiation.

Why is Mental Health Screening important?

- Increasing prevalence of pediatric mental health needs
- Nationwide shortage of child and adolescent psychiatrists and child mental health resources
- Lack of adequate training in psychiatry for primary care physicians

The Importance of Standardized Screening

- **Not all cases will be identified via routine interview, or "eye-balling" patient/ family . . .**
  - 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.

- **Parents Often Underestimate Symptoms**

AAP Periodic Survey #53, 2002

Surveillance vs. Screening

Informal way to see what is going on with a family.

- Eliciting and attending to parent concerns: "How are things going at home, at school, with friends?"
- Making informed observations
- Identifying risk & protective factors

Using a validated, standardized screening tool at designated intervals to help identify children with developmental delays, social, emotional and/or behavioral issues.

VS.

EVALUATION/ASSESSMENT

Aimed at identifying specific mental health disorder affecting child – diagnostic!

Does Screening Mean Becoming an Expert in Mental Health?

No! Screening is looking at the whole population to identify those at risk. Identified children are referred for assessment. Assessment determines the existence of a mental health issue which generates a decision regarding intervention.

Barriers to Universal Mental Health Screening

- Time, time, time
- “One more thing”
- Payment
- Education and knowledge
- Perceived or real lack of community resources
- “I’ve identified an issue, now what?”

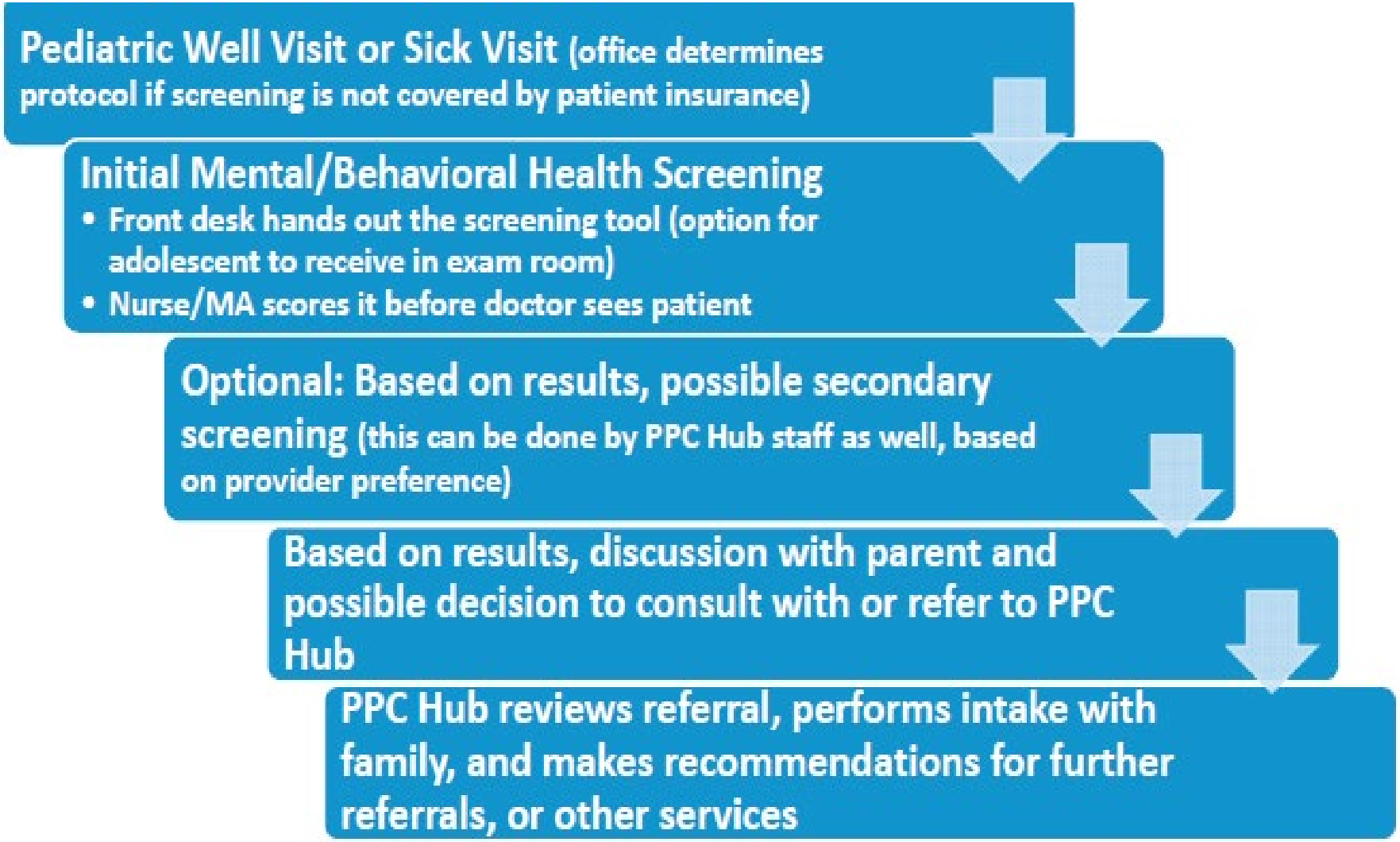
First things first…

- Identify a practice champion
- Educate and train office staff members
- Inform families
- Choose which screeners to use

Implementation

- Construct a workflow
- Staff buy-in
- Multiple PDSA (Plan, Do, Study, Act) cycles [Model for Improvement]
- Assignment of team roles:
  - Clinician
  - Front desk staff
  - MA
  - RN

How might the process look in a practice?



NJPPC-approved Validated, Standardized Screening Tools for Mental/Behavioral Health & Substance Use:

- ✓**Survey of Wellbeing of Young Children (SWYC)**
  - For babies, toddlers & preschoolers 2 months – 5 years
  - Comprehensive first-level tool for routine use in regular well-child visits
- ✓**Pediatric Symptom Checklist (PSC-35 & Y-PSC-37)**
  - For older children & adolescents 6 – 18 years of age
  - Psychosocial primary screen designed to facilitate recognition of cognitive, emotional, & behavioral problems so appropriate interventions can be initiated
- ✓**CRAFFT 2.1**
  - A behavioral health screening for use with children/adolescents ages 12 to 21 to assess substance use (recom. by AAP Comm. on Substance Use)

Social Emotional Screening for Babies, Toddlers, and Preschoolers

SWYC - Survey of 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/

SWYC: 18 months

18 months, 0 days to 22 months, 31 days

Child's Name:

Birth Date:

Today's Date:

DEVELOPMENTAL MILESTONES

These questions are about your child's development. Please tell us how much your child is doing each of these things. If your child doesn't do something any more, choose the answer that describes how much he or she used to do it. Please be sure to answer ALL the questions.

	Not Yet	Somewhat	Very Much
Runs	0	1	2
Walks up stairs with help	0	1	2
Kicks a ball	0	1	2
Names at least 5 familiar objects - like ball or milk	0	1	2
Names at least 5 body parts - like nose, hand, or tummy	0	1	2
Climbs up a ladder at a playground	0	1	2
Uses words like "me" or "mine"	0	1	2
Jumps off the ground with two feet	0	1	2
Puts two or more words together - like "more water" or "go outside"	0	1	2
Uses words to ask for help	0	1	2

Version 1, 8/27/2013

Available at: http://www.theswyc.org/

A Closer Look –
SWYC (Preschool Pediatric Symptom Checklist)

PRESCHOOL PEDIATRIC SYMPTOM CHECKLIST (PPSC)

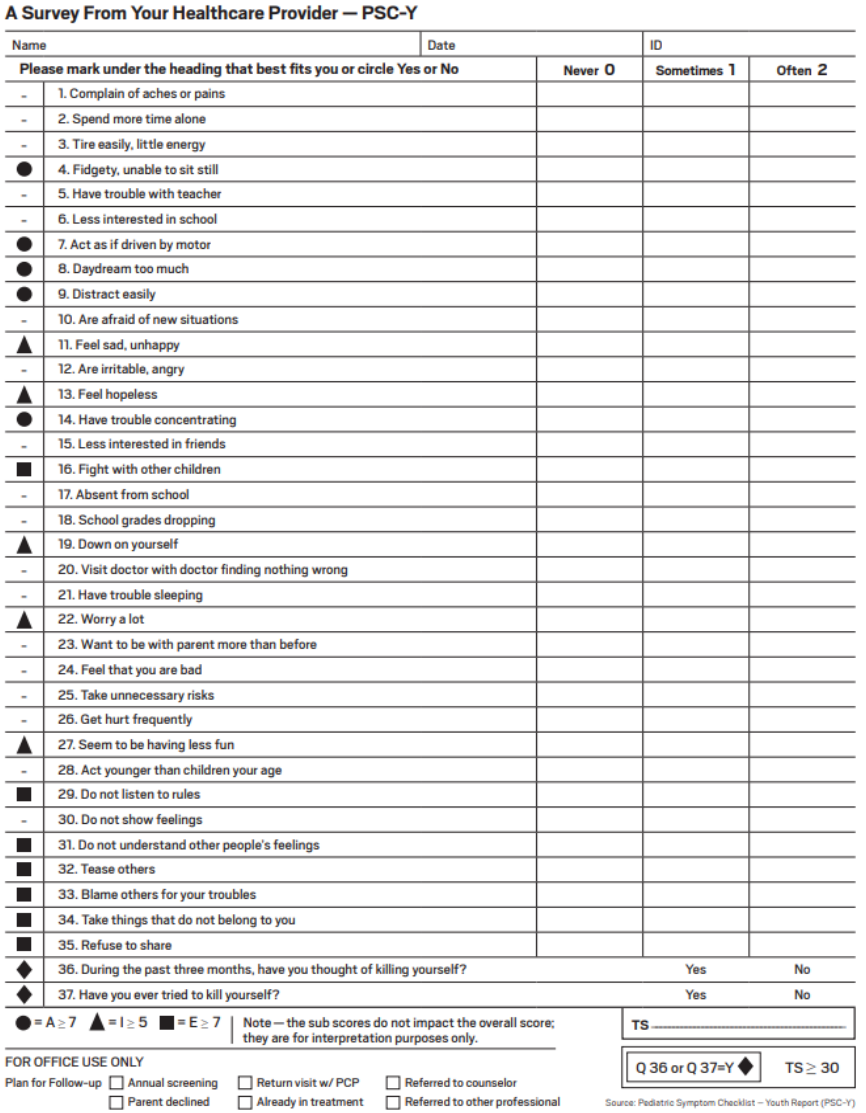
These questions are about your child's behavior. Think about what you would expect of other children the same age, and tell us how much each statement applies to your child.

		Not at all	Somewhat	Very Much
Does your child...	Seem nervous or afraid?	0	1	2
	Seem sad or unhappy?	0	1	2
	Get upset if things are not done in a certain way?	0	1	2
	Have a hard time with change?	0	1	2
	Have trouble playing with other children?	0	1	2
	Break things on purpose?	0	1	2
	Fight with other children?	0	1	2
	Have trouble paying attention?	0	1	2
	Have a hard time calming down?	0	1	2
	Have trouble staying with one activity?	0	1	2
Is your child...	Aggressive?	0	1	2
	Fidgety or unable to sit still?	0	1	2
	Angry?	0	1	2
Is it hard to...	Take your child out in public?	0	1	2
	Comfort your child?	0	1	2
	Know what your child needs?	0	1	2
	Keep your child on a schedule or routine?	0	1	2
	Get your child to obey you?	0	1	2

Pediatric Symptom Checklist (PSC) & Subscales

- **Pediatric Symptoms Checklist (PSC-35, PSC-Y 37)**
  - Available in multiple languages and a pictorial version
  - PSC-35 (completed by parent of children 6-18 y.o)
  - PSC-Y-37 (completed by youth 11 y.o. and up)
    - PSC-Y-37 has two questions to screen for suicidal ideation

- **Additionally, screens for the following symptoms/behaviors:**
  - Internalizing Problems (i.e. Depression or Anxiety)
  - Attention Problems (i.e. ADHD)
  - Externalizing Problems (i.e. Conduct Disorder, Oppositional Defiant Disorder)



A Survey From Your Healthcare Provider — PSC-Y

Name | Date | ID

	Please mark under the heading that best fits you or circle Yes or No	Never 0	Sometimes 1	Often 2
-	1. Complain of aches or pains			
-	2. Spend more time alone			
-	3. Tire easily, little energy			
●	4. Fidgety, unable to sit still			
-	5. Have trouble with teacher			
-	6. Less interested in school			
●	7. Act as if driven by motor			
●	8. Daydream too much			
●	9. Distract easily			
-	10. Are afraid of new situations			
▲	11. Feel sad, unhappy			
-	12. Are irritable, angry			
▲	13. Feel hopeless			
●	14. Have trouble concentrating			
-	15. Less interested in friends			
■	16. Fight with other children			
-	17. Absent from school			
-	18. School grades dropping			
▲	19. Down on yourself			
-	20. Visit doctor with doctor finding nothing wrong			
-	21. Have trouble sleeping			
▲	22. Worry a lot			
-	23. Want to be with parent more than before			
-	24. Feel that you are bad			
-	25. Take unnecessary risks			
-	26. Get hurt frequently			
▲	27. Seem to be having less fun			
-	28. Act younger than children your age			
■	29. Do not listen to rules			
-	30. Do not show feelings			
■	31. Do not understand other people's feelings			
■	32. Tease others			
■	33. Blame others for your troubles			
■	34. Take things that do not belong to you			
■	35. Refuse to share			
◆	36. During the past three months, have you thought of killing yourself?		Yes	No
◆	37. Have you ever tried to kill yourself?		Yes	No

●= A ≥ 7 ▲= I ≥ 5 ■= E ≥ 7 | Note — the sub scores do not impact the overall score; they are for interpretation purposes only.

TS ____

FOR OFFICE USE ONLY

Plan for Follow-up ☐ Annual screening ☐ Return visit w/ PCP ☐ Referred to counselor ☐ Parent declined ☐ Already in treatment ☐ Referred to other professional

Q 36 or Q 37=Y ◆ | TS ≥ 30

Source: Pediatric Symptom Checklist — Youth Report (PSC-Y)

CRAFFT 2.1

- Behavioral health screening tool for use with children under the age of 21
- Recommended by the American Academy of Pediatrics' Committee on Substance Abuse for use with adolescents
- Consists of a series of 6 questions developed to screen adolescents for high risk alcohol and other drug use disorders simultaneously
- Meant to assess whether a longer conversation about the context of use, frequency, and other risks and consequences of alcohol and other drug use is warranted

Substance Use Screen: CRAFFT 2.1N

1

The CRAFFT+N Questionnaire

To be completed by patient

Please answer all questions **honestly**; your answers will be kept **confidential**.

During the PAST 12 MONTHS, on how many days did you:

1.	Drink more than a few sips of beer, wine, or any drink containing **alcohol**? Put "0" if none.	# of days
2.	Use any **marijuana** (cannabis, weed, oil, wax, or hash by smoking, vaping, dabbing, or in edibles) or "**synthetic marijuana**" (like "K2," "Spice")? Put "0" if none.	# of days
3.	Use **anything else to get high** (like other illegal drugs, pills, prescription or over-the-counter medications, and things that you sniff, huff, vape, or inject)? Put "0" if none.	# of days
4.	Use a **vaping device* containing nicotine and/or flavors**, or use any **tobacco products**†? Put "0" if none. **Such as e-cigs, mods, pod devices like JUUL, disposable vapes like Puff Bar, vape pens, or e-hookahs. †Cigarettes, cigars, cigarillos, hookahs, chewing tobacco, snuff, snus, dissolvables, or nicotine pouches.*	# of days

READ THESE INSTRUCTIONS BEFORE CONTINUING:

- **If you put "0" in ALL of the boxes above, ANSWER QUESTION 5 BELOW, THEN STOP.**
- **If you put "1" or more for Questions 1, 2, or 3 above, ANSWER QUESTIONS 5-10 BELOW.**
- **If you put "1" or more for Question 4 above, ANSWER ALL QUESTIONS ON BACK PAGE.**

		Circle one	
5.	Have you ever ridden in a CAR driven by someone (including yourself) who was "high" or had been using alcohol or drugs?	No	Yes
6.	Do you ever use alcohol or drugs to RELAX, feel better about yourself, or fit in?	No	Yes
7.	Do you ever use alcohol or drugs while you are by yourself, or ALONE?	No	Yes
8.	Do you ever FORGET things you did while using alcohol or drugs?	No	Yes
9.	Do your FAMILY or FRIENDS ever tell you that you should cut down on your drinking or drug use?	No	Yes
10.	Have you ever gotten into TROUBLE while you were using alcohol or drugs?	No	Yes

NOTICE TO CLINIC STAFF AND MEDICAL RECORDS:
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For more information and versions in other languages, see **www.crafft.org**

The following questions ask about your use of any **vaping devices containing nicotine and/or flavors**, or use of any **tobacco products***. Circle your answer for each question.

		Circle one	
1.	Have you ever tried to QUIT using, but couldn't?	Yes	No
2.	Do you vape or use tobacco NOW because it is really hard to quit?	Yes	No
3.	Have you ever felt like you were ADDICTED to vaping or tobacco?	Yes	No
4.	Do you ever have strong CRAVINGS to vape or use tobacco?	Yes	No
5.	Have you ever felt like you really NEEDED to vape or use tobacco?	Yes	No
6.	Is it hard to keep from vaping or using tobacco in PLACES where you are not supposed to, like school?	Yes	No
7.	When you HAVEN'T vaped or used tobacco in a while (or when you tried to stop using)…		
	a. did you find it hard to CONCENTRATE because you couldn't vape or use tobacco?	Yes	No
	b. did you feel more IRRITABLE because you couldn't vape or use tobacco?	Yes	No
	c. did you feel a strong NEED or urge to vape or use tobacco?	Yes	No
	d. did you feel NERVOUS, restless, or anxious because you couldn't vape or use tobacco?	Yes	No

References:
Wheeler, K. C., Fletcher, K. E., Wellman, R. J., & DiFranza, J. R. (2004). Screening adolescents for nicotine dependence: the Hooked On Nicotine Checklist. *J Adolesc Health*, *35*(3), 225–230;
McKelvey, K., Baiocchi, M., & Halpern-Felsher, B. (2018). Adolescents' and Young Adults' Use and Perceptions of Pod-Based Electronic Cigarettes. *JAMA Network Open*, *1*(6), e183535.

Updated to include questions on vaping devices and nicotine use

Billing for Mental/Behavioral Health Screening

For Consideration:

- Submitting a bill does not mean you will get paid for it
- Make sure you check for payment
- Each insurance company has its own rules
- If you don't get paid – complain. *If you're an NJAAP member, you can use the hassle form on the NJAAP website.*
- Use the correct codes both CPT and ICD-10

Developmental Screening- 96110

Developmental milestone survey, speech and language delay screen, with scoring and documentation, per standardized instrument

Including:

- Ages and Stages Questionnaire (ASQ-3)
- MCHAT
- SWYC

Brief Emotional/Behavioral Assessment-96127

- Depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument

Including:

- Conners
- PHQ-9
- PSC and PSC-Y
- SCARED
- Vanderbilt

Administration of caregiver-focused health risk assessment instrument- 96161

- Depression inventory for the benefit of the patient, with scoring and documentation, per standardized instrument

Used when:

- Screening the mother for post-partum depression (PPD) with Edinburgh Postnatal Depression Scale (EPDS)

❖Often overlooked billing

QI Tools & Strategies

Ruth S. Gubernick, PhD., MPH, PCMH CCE

Quality Improvement Coach

How can my practice team *create change that will improve the mental health and well-being of my patients and their families*?

It Takes an Effective Team to Do QI Work!

Members representing different kinds of expertise in your practice/organization

- Clinical Leader/Champion
- Technical Expertise
- Day-to-Day Leadership
- Clinical Staff
- Administrative Staff
- Patient and/or Parent/Caregiver Partner(s)
- Project Sponsor

Workflow:
How does the current process look in our practice?

Pediatric Well Visit or Sick Visit (office determines protocol if screening is not covered by patient insurance)

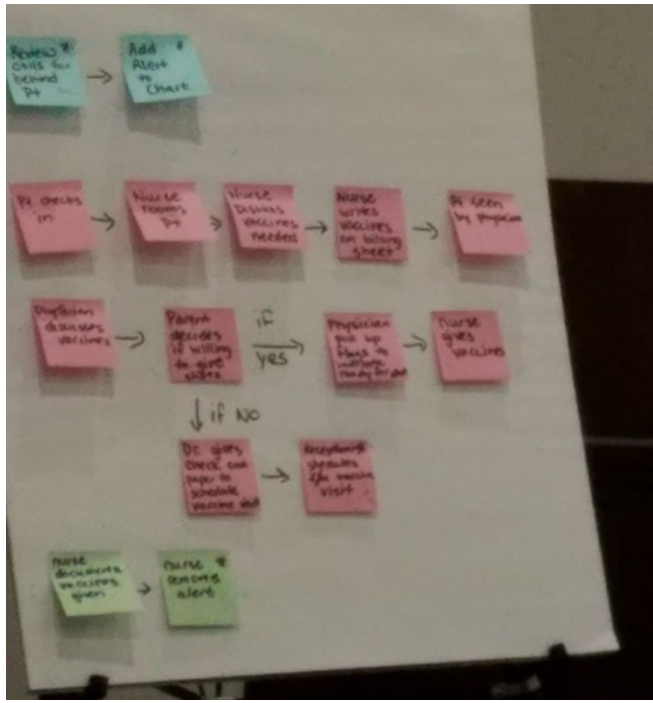
Initial Mental/Behavioral Health Screening
- Front desk hands out the screening tool (option for adolescent to receive in exam room)
- Nurse/MA scores it before doctor sees patient

Optional: Based on results, possible secondary screening (this can be done by PPC Hub staff as well, based on provider preference)

Based on results, discussion with parent and possible decision to consult with or refer to PPC Hub

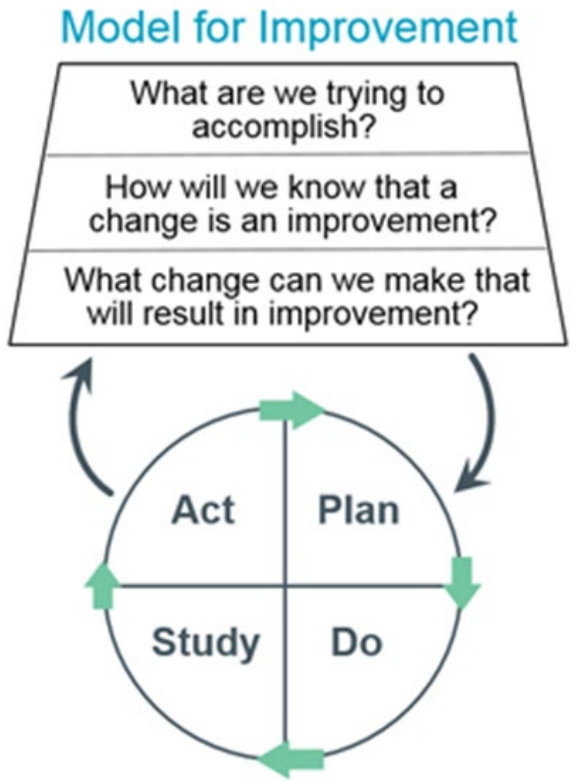
PPC Hub reviews referral, performs intake with family, and makes recommendations for further referrals, or other services

Where is an opportunity for improvement?



Apply Quality Improvement (QI) Methodology!

- Form a QI team
- Meet
- Assign responsibility for key tasks
- Identify at least 1 best practice strategy or idea you want to test during your patient visit
- Plan and conduct small test(s) of change



Institute for Healthcare Improvement.
http://www.ihi.org/resources/Pages/HowtoImprove/default.aspx.

Use Rapid-Cycle Small Tests of Change!

PDSA Worksheet for Testing Change

Aim: (overall goal you wish to achieve)

Every goal will require multiple smaller tests of change

Describe your first (or next) test of change:	Person responsible	When to be done	Where to be done

Plan

List the tasks needed to set up this test of change	Person responsible	When to be done	Where to be done

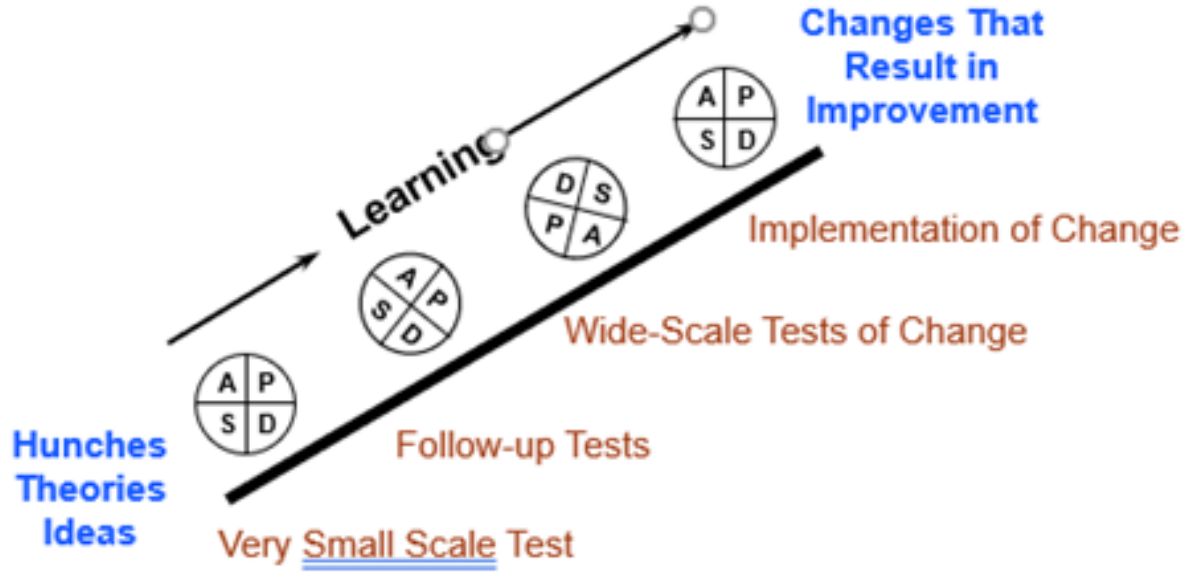
Predict what will happen when the test is carried out	Measures to determine if prediction succeeds

Do **Describe what actually happened when you ran the test**

Study **Describe the measured results and how they compared to the predictions**

Act **Describe what modifications to the plan will be made for the next cycle from what you learned**

Institute for Healthcare Improvement



Case Presentation

LUZ ROMERO, MD, FAAP

LUZ ROMERO, MD, LLC

1255 RT 70, STE 22 S

LAKEWOOD, NJ

Patient Case Presentation

- **Age**: 17 y/o
- **Gender:** Female
- **Reason for Presenting Case:** Challenge
- **How long has the child been in your care**? Since age 3 ½ years old
- **Child's current diagnosis(es) and age of onset (if there is one) Current Medication**: She first developed symptoms when she was 12 y/o. There is not an official diagnosis and the patient is not on any medications.
- **Pertinent Past Medication:** N/A
- **Additional Information on Case: What standardized M/B Health Screening Tool(s) was conducted?**

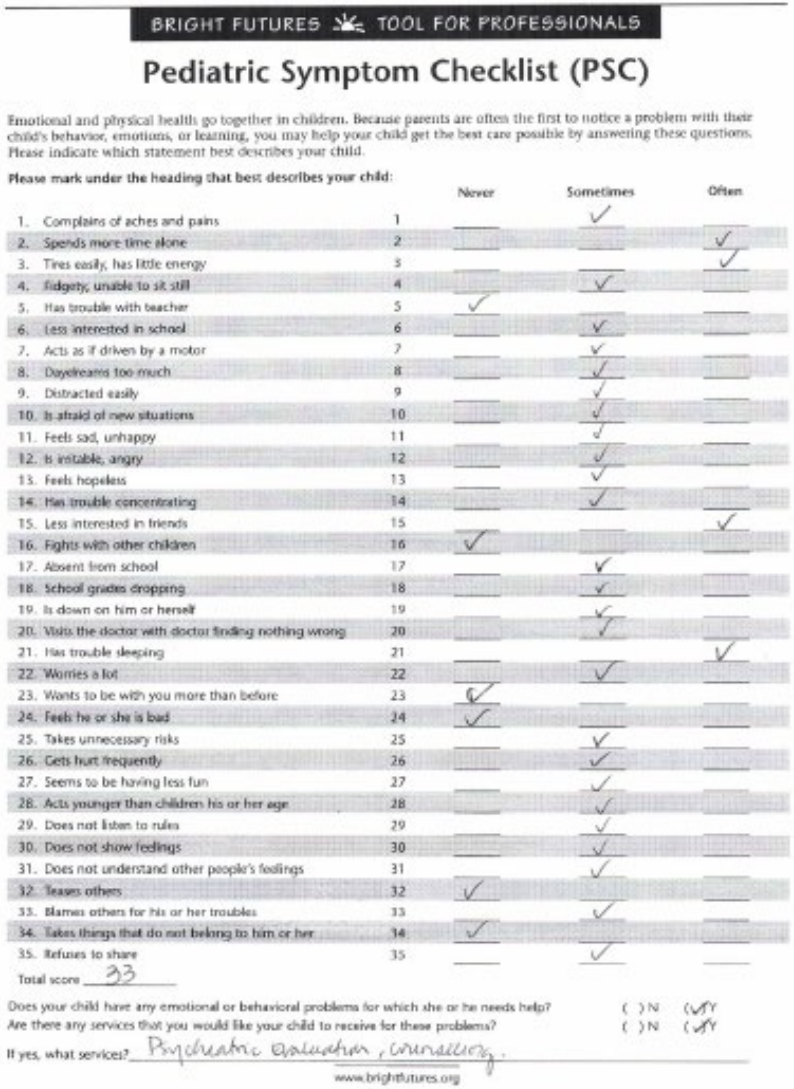
PSC-35,PSC-Y-37, PHQ-9, CRAFFT 2.1

- **What was the score of the SWYC, PSC-35, Y-PSC-37, CRAFFT?**

PSC-35 score 33, **PSC-Y-37** score 38, **CRAFFT** score 0**, PHQ-9** score 16

- **Concerns identified?** Depression and anxiety. Symptoms fluctuate between trouble sleeping and crying often, lack of energy, irritability. Scored significantly high in the PSC-35 attention and internalizing subscales with an 8 & 6

PSC-35



BRIGHT FUTURES TOOL FOR PROFESSIONALS

Pediatric Symptom Checklist (PSC)

Emotional and physical health go together in children. Because parents are often the first to notice a problem with their child's behavior, emotions, or learning, you may help your child get the best care possible by answering these questions. Please indicate which statement best describes your child.

Please mark under the heading that best describes your child:

		Never	Sometimes	Often
1. Complains of aches and pains	1		✓	
2. Spends more time alone	2			✓
3. Tires easily, has little energy	3			✓
4. Fidgety, unable to sit still	4		✓	
5. Has trouble with teacher	5	✓		
6. Less interested in school	6		✓	
7. Acts as if driven by a motor	7		✓	
8. Daydreams too much	8		✓	
9. Distracted easily	9		✓	
10. Is afraid of new situations	10		✓	
11. Feels sad, unhappy	11		✓	
12. Is irritable, angry	12		✓	
13. Feels hopeless	13		✓	
14. Has trouble concentrating	14		✓	
15. Less interested in friends	15			✓
16. Fights with other children	16	✓		
17. Absent from school	17		✓	
18. School grades dropping	18		✓	
19. Is down on him or herself	19		✓	
20. Visits the doctor with doctor finding nothing wrong	20		✓	
21. Has trouble sleeping	21			✓
22. Worries a lot	22		✓	
23. Wants to be with you more than before	23	✓		
24. Feels he or she is bad	24	✓		
25. Takes unnecessary risks	25		✓	
26. Gets hurt frequently	26		✓	
27. Seems to be having less fun	27		✓	
28. Acts younger than children his or her age	28		✓	
29. Does not listen to rules	29		✓	
30. Does not show feelings	30		✓	
31. Does not understand other people's feelings	31		✓	
32. Teases others	32	✓		
33. Blames others for his or her troubles	33		✓	
34. Takes things that do not belong to him or her	34	✓		
35. Refuses to share	35		✓	

Total score 33

Does your child have any emotional or behavioral problems for which she or he needs help? ( ) N (✓) Y

Are there any services that you would like your child to receive for these problems? ( ) N (✓) Y

If yes, what services? Psychiatric Evaluation, Counselling.

www.brightfutures.org

TOTAL SCORE=33

PSC-Y-37

A Survey From Your Healthcare Provider — PSC-Y

Name | Date 3/15/24 | ID

Please mark under the heading that best fits you or circle Yes or No	Never 0	Sometimes 1	Often 2
1. Complain of aches or pains			✓
2. Spend more time alone			✓
3. Tire easily, little energy		✓	
4. Fidgety, unable to sit still		✓	
5. Have trouble with teacher	✓		
6. Less interested in school		✓	
7. Act as if driven by motor		✓	
8. Daydream too much		✓	
9. Distract easily		✓	
10. Are afraid of new situations		✓	
11. Feel sad, unhappy		✓	
12. Are irritable, angry			✓
13. Feel hopeless		✓	
14. Have trouble concentrating			✓
15. Less interested in friends			✓
16. Fight with other children			
17. Absent from school	✓		
18. School grades dropping		✓	
19. Down on yourself		✓	
20. Visit doctor with doctor finding nothing wrong	✓		
21. Have trouble sleeping		✓	
22. Worry a lot			✓
23. Want to be with parent more than before		✓	
24. Feel that you are bad		✓	
25. Take unnecessary risks	✓		
26. Get hurt frequently		✓	
27. Seem to be having less fun		✓	
28. Act younger than children your age			✓
29. Do not listen to rules		✓	
30. Do not show feelings			✓
31. Do not understand other people's feelings		✓	
32. Tease others			✓
33. Blame others for your troubles			✓
34. Take things that do not belong to you	✓		
35. Refuse to share	✓		
36. During the past three months, have you thought of killing yourself?		Yes	No
37. Have you ever tried to kill yourself?		Yes	No

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Plan for Follow-up: ☐ Annual screening ☐ Return visit w/ PCP ☐ Referred to counselor ☐ Parent declined ☐ Already in treatment ☐ Referred to other professional

TS 38

Q 36 or Q 37=Y ◆ TS ≥ 30

TOTAL SCORE=38

Patient Case Presentation *(continued)*

- **Was patient in crisis(at-risk to self or others) at time of visit?** No
- **Risk factors:** Prior suicidal thoughts (at age 12)
  Recent suicidal ideation with a plan to commit suicide (July 2020)
  Recurrent symptoms (easy crying, irritability, trouble sleeping)
- **Protective factors:** Stable home environment: the patient lives at home with her parents, two younger siblings and her maternal grandmother. Strong family support. Close supervision.
- **Actions taken:** Checked-in with patient about symptoms. No action required because patient was still receiving in-home therapy at the time and was doing better.
- **What Worked/Successes:** The patient benefited from psychotherapy provided by mobile response
- **What Didn't Work/Barriers:** Although the patient seems to respond well initially to the therapy provided by mobile response, her symptoms tend to recur at times of stress and seem to escalate in severity. Deterioration of the relationship between the therapist and the patient.

Patient Case Presentation *(continued)*

Case Summary:

- 17 y/o female who was doing well until July of 2020 when she started feeling sad and crying easily. She developed decreased appetite and trouble sleeping. It was hard for her to get out of bed in the morning. These symptoms started shortly after breaking up with her boyfriend and continued through the fall and early winter. She withdrew from her family and became very irritable. Her grades started to fall.
- In January of 2021, she asked her parents for help. Her parents called mobile response and she told the therapist that she wanted to kill herself and that she had a plan but did not have the courage to go through with it. She was promptly referred to the ER but could not be admitted to the psychiatric unit because she tested positive for the COVID-19 virus. She remained in observation for three days and was sent home. Her plan of care was to receive in-home therapy for up to 6 weeks through Mobile Response.

Patient Case Presentation *(continued)*

- In a follow office visit in February, the patient stated that the in-home therapy helped and that she started to feel better.
- However, during a phone follow up in March, the mother informed me that the patient was not following the therapist's advice and had decided to stop the in-home therapy.
- She continues to experience sadness, irritability, lack of energy and trouble sleeping on and off. No suicidal ideations. The patient was referred to another therapist who will start working with her in April.

Mental Health Collaborative Program Announcements

Upcoming Learning Collaborative Sessions

Session #3 - May 5th

Session #4 - June 2nd

- All sessions from 12:30-1:30 p.m.

Future Case Presentations

- Requirement was for **Track 2** participants only
- Submission deadline was March 17th
- Learning Collaborative Faculty/Advisors will review cases submitted
- Cases will be selected for future LC sessions and you will be notified if your case is selected and the process for presenting it

Track 1 vs Track 2 REMINDERS:

Track 1 Participants:

- Attend sessions as schedule permits and complete post-session CME surveys for credits/points and program feedback

Track 2 Participants:

- Attend all 4 Learning Collaborative sessions (March – June)
- Submit a Pre-LC participant survey by March 2, and Post-LC Survey by June 11th
- Asked to complete one case submission by March 17th
- Will receive program incentives – pediatric psychopharmacology book and mental/behavioral health coding guide

SAVE-THE-DATE

HIDING IN PLAIN SIGHT:

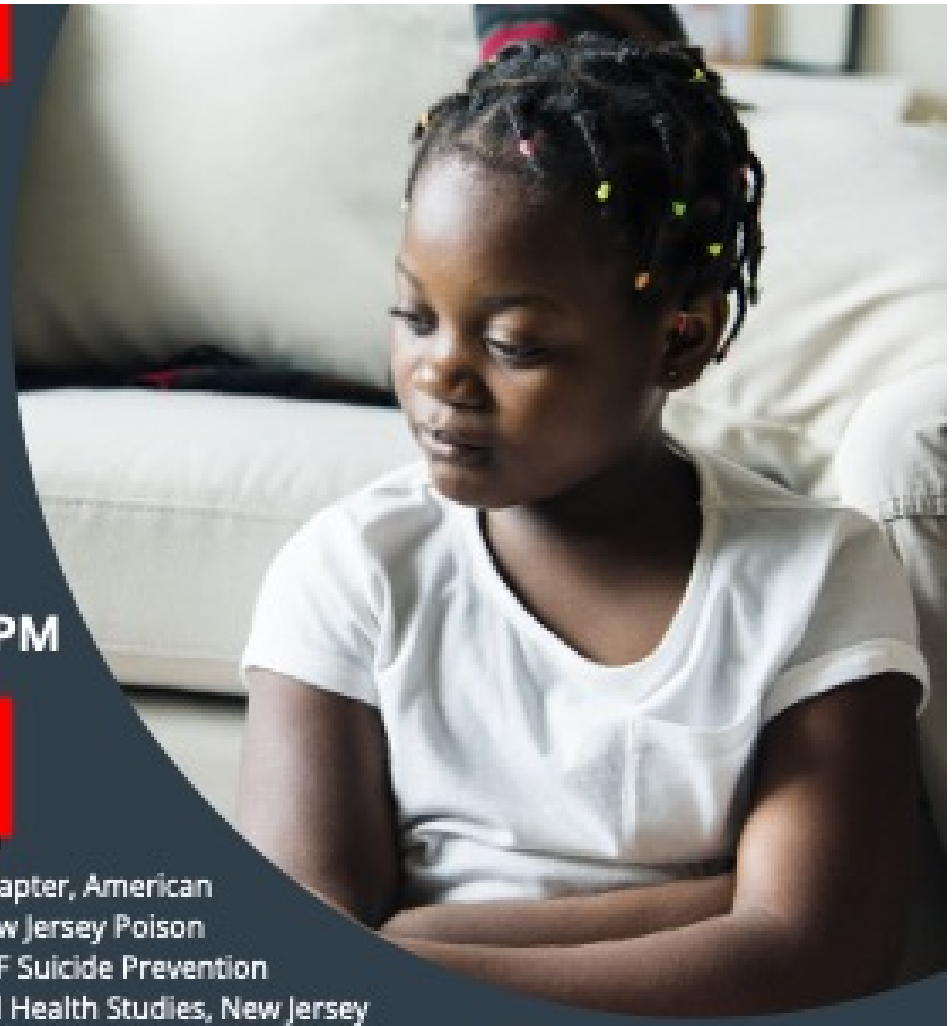
Working Together to Prevent Youth Suicide

Free Virtual Conference

Thursday, April 29 | 8:30 A.M. - 12:30 PM

Register Now

to reserve your spot!



A multi-disciplinary collaboration between the New Jersey Chapter, American Academy of Pediatrics, New Jersey Department of Health, New Jersey Poison Information and Education System, Monmouth University SRF Suicide Prevention Research and Training Project and The School of Nursing and Health Studies, New Jersey Office of the Chief State Medical Examiner, New Jersey Department of Children and Families, The New Jersey Traumatic Loss Coalition, and the Burlington County Prosecutors Office.

For questions, please contact Sharleen van Vlijmen at svanvlijmen@njaap.org
Visit website for up-to-date information | www.njaap.org

New Jersey Chapter

INCORPORATED IN NEW JERSEY

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™

Resources on Screening

CRAFFT

- CRAFFT Tools & Resources

Pediatric Symptom Checklist

- PSC Tools & Resources

The Survey of Well-being of Young Children

- SWYC Tools & Resources

SAMSHA (Substance Abuse and Mental Health Administration)

- A Quick Start Guide to Behavioral Health Integration for Safety-Net Primary Care Providers

For More Information or to Register for the NJPPC:

Visit:

https://njaap.org/programs/mental-health/ppc

Contact:

NJAAP

Mental Health Collaborative

609-842-0014

mhc@njaap.org

Questions?

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Thank you!

Please provide us with feedback on today's session by completing the brief survey at:

https://www.surveymonkey.com/r/NJM65F7

This is also required for those seeking CME credits/MOC part 2 points for today's session.