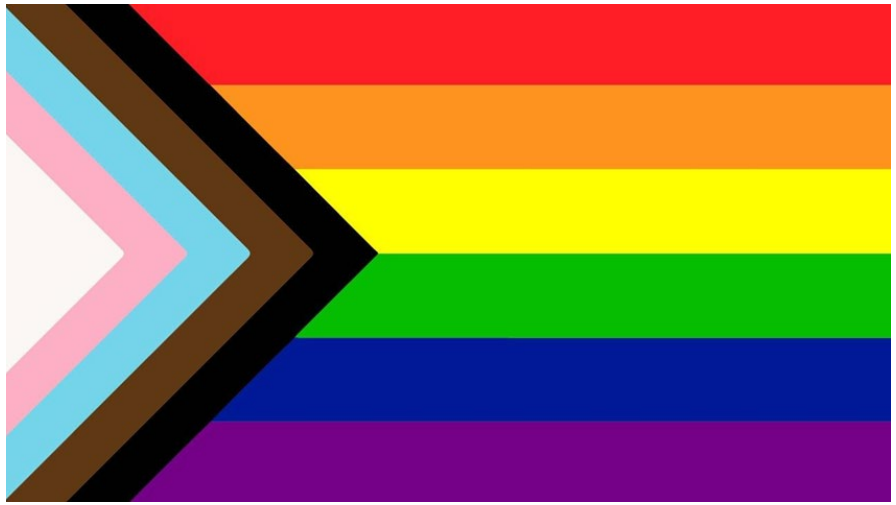
"Supporting Mental Health Needs of LGBTQ+ Youth and Families in Pediatric Primary Care"



Nazneen Meacham, MA LPC ATR-BC

Psychotherapist

October 27th, 2022

Funder & Partners

Hackensack Meridian
Children's Health at
K. Hovnanian Children's Hospital

New Jersey Department of Children and Families

Cooper
University Health Care

NJ Health
New Jersey Department of Health

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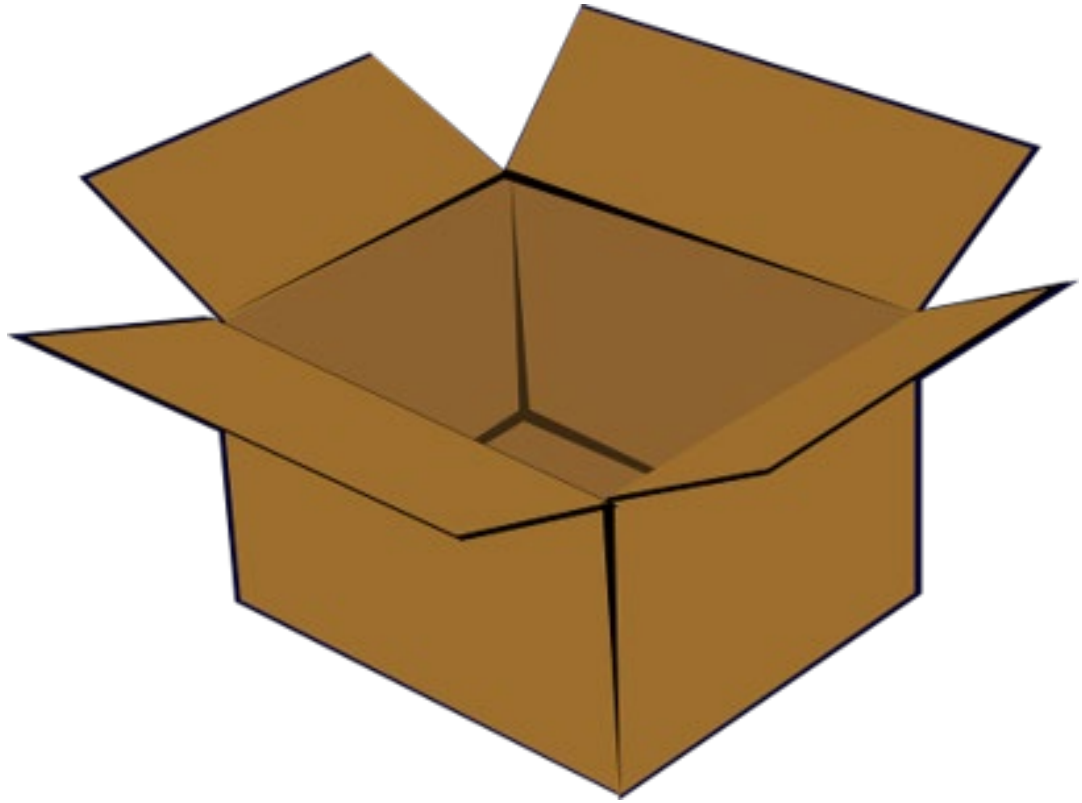
There Are No Disclosures



Learning Objectives

1. Identify stigma and barriers LGBTQ+ youth face in accessing health care
2. Discuss impacts on LGBTQ+ youth mental health and how to best support youth and families in pediatric practice.
3. Identify best practices for creating safe spaces for pediatric patients identifying as LGBTQ+
4. Appropriately screen for mental/behavioral health concerns and refer youth identifying as LGBTQ+ to the NJPPC Hub or other appropriate service.

Foundations

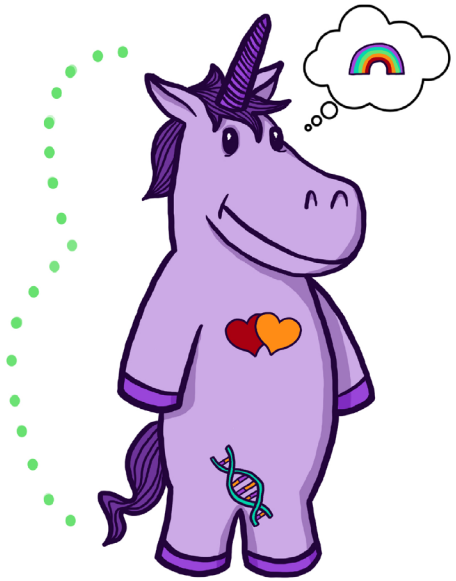
LGBTQ is an acronym

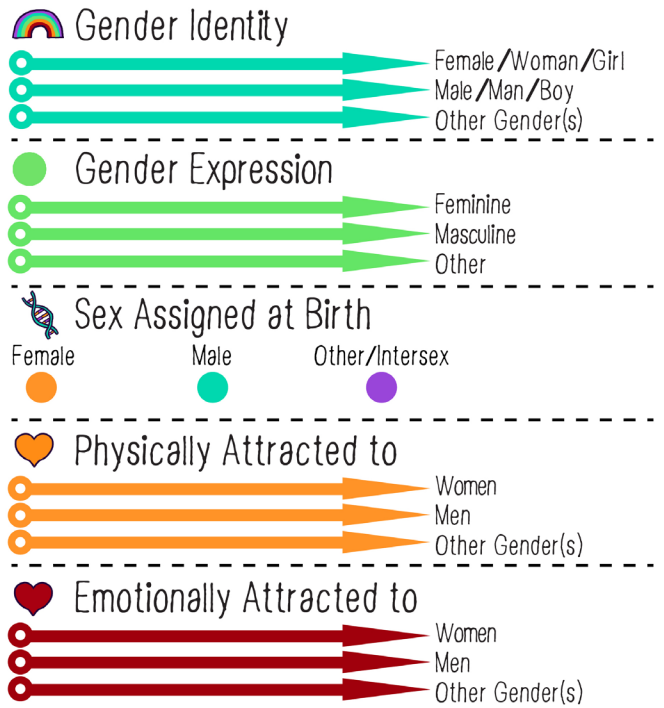
meant to encompass a whole bunch of diverse **sexualities** and **genders**. Folks often refer to the Q (standing for "queer"*) as an **umbrella term**, under which live a whole bunch of identities. This is helpful because **lesbian**, **gay**, and **bisexual** aren't the only marginalized sexualities, and **transgender*** isn't the only gender identity. In fact, there are many more of both!

* The "Q" sometimes stands for "questioning" and "transgender" is often thought of as an umbrella term itself (sometimes abbreviated "trans"; or "trans*" in writing). Lots of asterisks, lots of exceptions, because hey – we're talking about **lots** of different folks with different lived experiences to be inclusive of.

The Gender Unicorn

Graphic by: TSER Trans Student Educational Resources





To learn more, go to:
www.transstudent.org/gender

Design by Landyn Pan and Anna Moore

NEW JERSEY PEDIATRIC PSYCHIATRY COLLABORATIVE

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Stigma and Barriers to Care

Barriers for LGBTQ+ Youth and Families in Accessing Healthcare

- Legislation targeting LGBTQ+ communities
- Cultural/societal stigma and discrimination
- Provider LGBTQ+ competency and trust
- Parents/guardians
- Safety
- Financial barriers

Considerations in Working with Parents/Families

- **Family Background/Family Culture**
- **Ability to Access Care**
- **Family Roles**
- **Community/Support**
- **Navigating Family Support and Acceptance**
- **Confidentiality**
- **Complex Family Systems**

Trevor Project: National Survey on LGBTQ Youth Mental Health 2022

- 45% of LGBTQ youth seriously considered suicide in the past year
- 14% of LGBTQ youth attempted suicide in the past year
- 73% of LGBTQ youth reported experiencing symptoms of anxiety, 58% of LGBTQ youth reported experiencing symptoms of depression
- Among all LGBTQ youth, 82% wanted mental health care and 18% did not.
- 60% of LGBTQ youth who wanted mental health care in the past year were not able to get it
- LGBTQ youth who experienced anti-LGBTQ victimization — including being physically threatened or harmed, discriminated against, or subjected to conversion therapy — reported more than twice the rate of attempting suicide in the past year compared to those who did not have any of these anti-LGBTQ experiences
- LGBTQ youth who felt high social support from their family reported attempting suicide at less than half the rate of those who felt low or moderate social support.
- 93% of transgender and nonbinary youth said that they have worried about transgender people being denied access to gender-affirming medical care due to state or local laws.

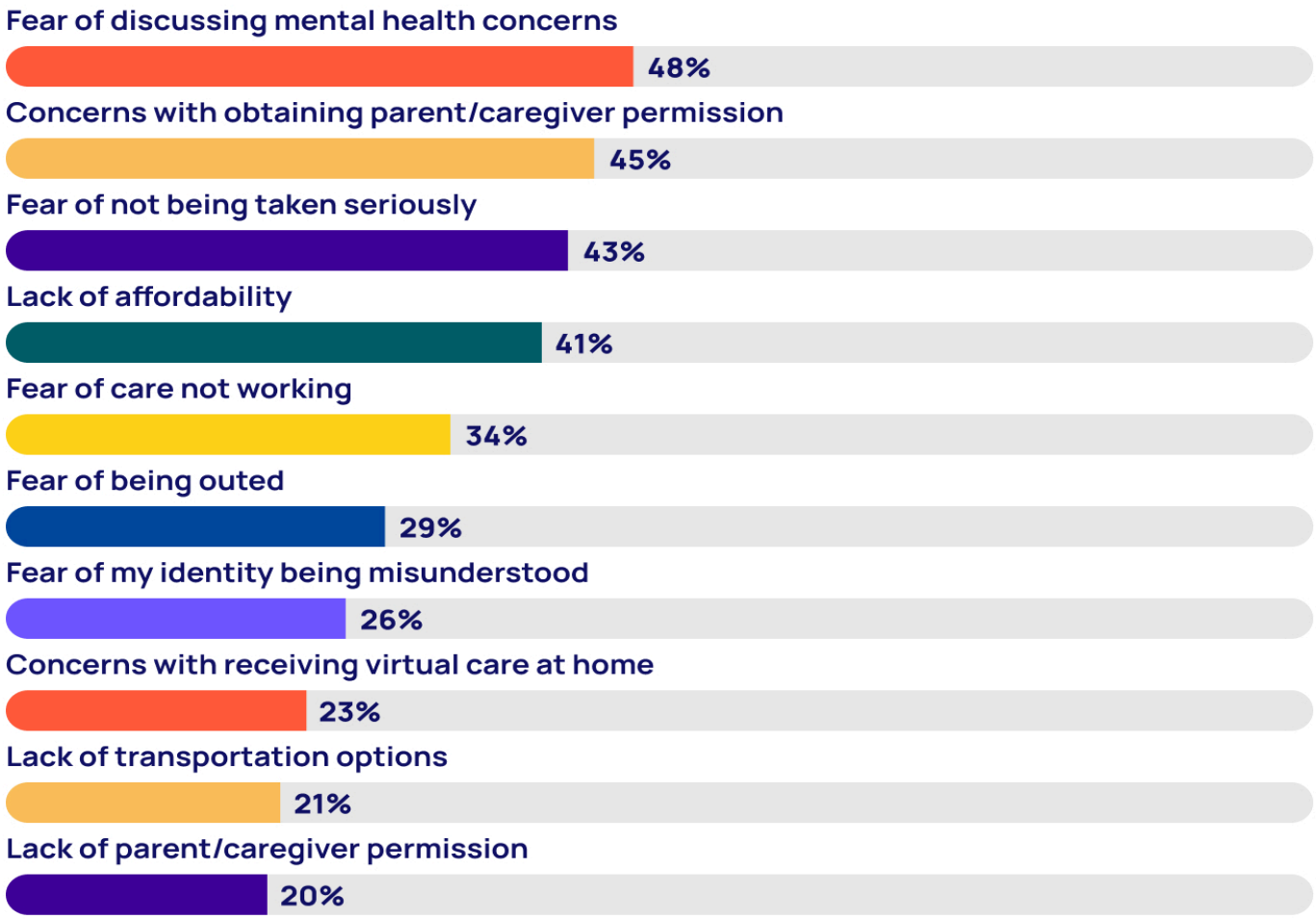
***Full survey and data: https://www.thetrevorproject.org/survey-2022/assets/static/trevor01_2022survey_final.pdf*

Risk Factors

https://www.nami.org/Your-Journey/Identity-and-Cultural-Dimensions/LGBTQI

- Coming Out
- Rejection
- Trauma
- Substance Use
- Homelessness
- Suicide
- Inadequate Mental Health Care

LGBTQ youth who wanted mental health care but were unable to get it cited the following top ten reasons

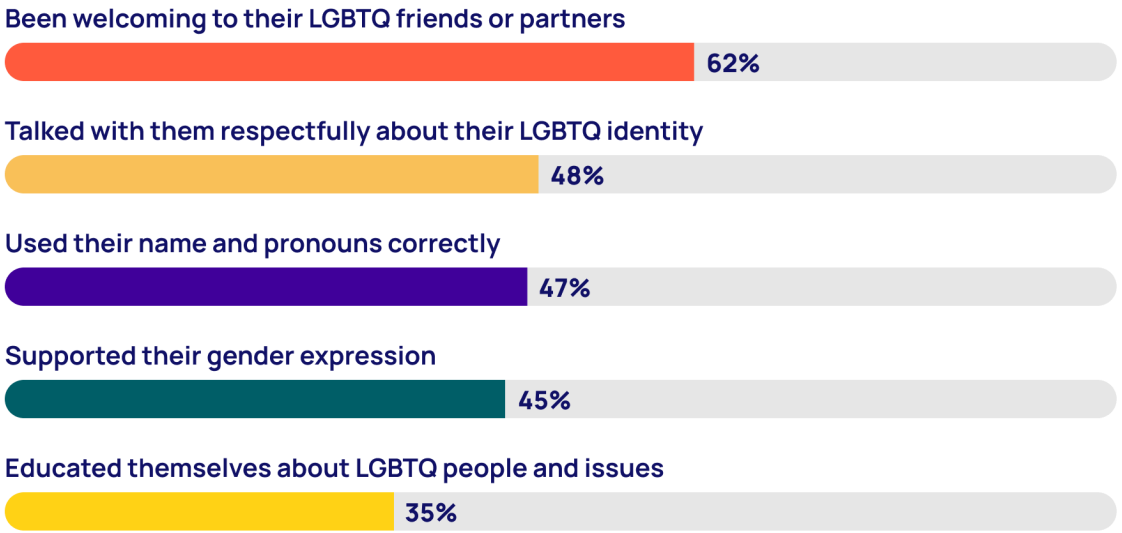


Trevor Project: National Survey on LGBTQ Youth Mental Health 2022

Best Care Practices

- Creating visually inclusive spaces
- Training all staff on practices
- Inclusive language
- Documentation
- Supporting the moment
- Education and referrals

Five most common ways that LGBTQ youth reported feeling supported by their parents or caregivers



THE TREVOR PROJECT

www.thetrevorproject.org/survey-2022

Screening Resources to Support Youth Mental Health

- Implementing best practices and utilizing structured screening tools including:
  - **PHQ-9**
  - **GAD-7**
  - **Vanderbilt rating scale**
  - **C-SSRS:** Columbia Depression scale
  - **ASQ:** Ask Suicide Screening Questions
- Referrals and resources in community and online
- Continued learning, support and advocacy

PHQ-9

PHQ-9 modified for Adolescents (PHQ-A)

Name: _____ **Clinician:** _____ **Date:** _____

Instructions: How often have you been bothered by each of the following symptoms during the past **two weeks**? For each symptom put an **"X"** in the box beneath the answer that best describes how you have been feeling.

	(0) Not at all	(1) Several days	(2) More than half the days	(3) Nearly every day
1. Feeling down, depressed, irritable, or hopeless?				
2. Little interest or pleasure in doing things?				
3. Trouble falling asleep, staying asleep, or sleeping too much?				
4. Poor appetite, weight loss, or overeating?				
5. Feeling tired, or having little energy?				
6. Feeling bad about yourself – or feeling that you are a failure, or that you have let yourself or your family down?				
7. Trouble concentrating on things like school work, reading, or watching TV?				
8. Moving or speaking so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you were moving around a lot more than usual?				
9. Thoughts that you would be better off dead, or of hurting yourself in some way?				

In the **past year** have you felt depressed or sad most days, even if you felt okay sometimes?

☐Yes ☐No

If you are experiencing any of the problems on this form, how **difficult** have these problems made it for you to do your work, take care of things at home or get along with other people?

☐Not difficult at all ☐Somewhat difficult ☐Very difficult ☐Extremely difficult

Has there been a time in the **past month** when you have had serious thoughts about ending your life?

☐Yes ☐No

Have you **EVER**, in your WHOLE LIFE, tried to kill yourself or made a suicide attempt?

☐Yes ☐No

***If you have had thoughts that you would be better off dead or of hurting yourself in some way, please discuss this with your Health Care Clinician, go to a hospital emergency room or call 911.*

Office use only: **Severity score:** _____

Modified with permission from the PHQ (Spitzer, Williams & Kroenke, 1999) by J. Johnson (Johnson, 2002)

GAD-7

Generalized Anxiety Disorder 7-item (GAD-7)

Share

The Generalized Anxiety Disorder 7-item (GAD-7) is a easy to perform initial screening tool for generalized anxiety disorder[1].

Over the **last 2 weeks**, how often have you been bothered by the following problems?	Not at all	Several days	More than half the days	Nearly every day
1. Feeling nervous, anxious or on edge	0	+1	+2	+3
2. Not being able to stop or control worrying	0	+1	+2	+3
3. Worrying too much about different things	0	+1	+2	+3
4. Trouble relaxing	0	+1	+2	+3
5. Being so restless that it is hard to sit still	0	+1	+2	+3
6. Becoming easily annoyed or irritable	0	+1	+2	+3
7. Feeling afraid as if something awful might happen	0	+1	+2	+3

Secondary Screening Tools: Suicide Risk Assessment

ASQ :

Ask Suicide-Screening Questions

C-SSRS :

Columbia -

Suicide Severity Rating Scale

NIMH TOOLKIT

asQ Suicide Risk Screening Tool

Ask Suicide-Screening Questions

Ask the patient:

1. In the past few weeks, have you wished you were dead? ○ Yes ○ No
2. In the past few weeks, have you felt that you or your family would be better off if you were dead? ○ Yes ○ No
3. In the past week, have you been having thoughts about killing yourself? ○ Yes ○ No
4. Have you ever tried to kill yourself? ○ Yes ○ No

If yes, how? _____

When? _____

If the patient answers Yes to any of the above, ask the following acuity question:

5. Are you having thoughts of killing yourself right now? ○ Yes ○ No

If yes, please describe: _____

Next steps:

- If patient answers "No" to all questions 1 through 4, screening is complete (not necessary to ask question #5). No intervention is necessary (*Note: Clinical judgment can always override a negative screen).
- If patient answers "Yes" to any of questions 1 through 4, or refuses to answer, they are considered a positive screen. Ask question #5 to assess acuity:
  - ☐ "Yes" to question #5 = acute positive screen (imminent risk identified)
    - Patient requires a STAT safety/full mental health evaluation. Patient cannot leave until evaluated for safety.
    - Keep patient in sight. Remove all dangerous objects from room. Alert physician or clinician responsible for patient's care.
  - ☐ "No" to question #5 = non-acute positive screen (potential risk identified)
    - Patient requires a brief suicide safety assessment to determine if a full mental health evaluation is needed. Patient cannot leave until evaluated for safety.
    - Alert physician or clinician responsible for patient's care.

Provide resources to all patients

- 24/7 National Suicide Prevention Lifeline 1-800-273-TALK (8255) En Español: 1-888-628-9454
- 24/7 Crisis Text Line: Text "HOME" to 741-741

asQ Suicide Risk Screening Toolkit | NATIONAL INSTITUTE OF MENTAL HEALTH (NIMH)

COLUMBIA-SUICIDE SEVERITY RATING SCALE

Emergency Department Screen Version with Triage Points

	Past month	
Ask questions that are in bold and underlined.	**YES**	**NO**
Ask Questions 1 and 2		
1) Wish to be Dead: Person endorses thoughts about a wish to be dead or not alive anymore, or wish to fall asleep and not wake up? *Have you wished you were dead or wished you could go to sleep and not wake up?*		
2) Suicidal Thoughts: General non-specific thoughts of wanting to end one's life/die by suicide, *"I've thought about killing myself" without general thoughts of ways to kill oneself/associated methods, intent, or plan."* *Have you had any actual thoughts of killing yourself?*		
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.		
3) Suicidal Thoughts with Method (without Specific Plan or Intent to Act): Person endorses thoughts of suicide and has thought of a least one method during the assessment period. This is different than a specific plan with time, place or method details worked out. *"I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do it....and I would never go through with it."* *Have you been thinking about how you might do this?*		
4) Suicidal Intent (without Specific Plan): Active suicidal thoughts of killing oneself and patient reports having some intent to act on such thoughts, as oppose to *"I have the thoughts but I definitely will not do anything about them."* *Have you had these thoughts and had some intention of acting on them?*		
5) Suicide Intent with Specific Plan: Thoughts of killing oneself with details of plan fully or partially worked out and person has some intent to carry it out. *Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?*		
6) Suicide Behavior Question *Have you ever done anything, started to do anything, or prepared to do anything to end your life?* Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc. **If YES, ask:** *Was this within the past 3 months?*	**Lifetime** / **Past 3 Months**	

Response Protocol to C-SSRS Screening

Item 1 Behavioral Health Referral at Discharge
Item 2 Behavioral Health Referral at Discharge
Item 3 Behavioral Health Consult (Psychiatric Nurse/Social Worker) and consider Patient Safety Precautions
Item 4 Immediate Notification of Physician and/or Behavioral Health and Patient Safety Precautions
Item 5 Immediate Notification of Physician and/or Behavioral Health and Patient Safety Precautions
Item 6 Over 3 months ago: Behavioral Health Consult (Psychiatric Nurse/Social Worker) and consider Patient Safety Precautions
Item 6 3 months ago or less: Immediate Notification of Physician and/or Behavioral Health and Patient Safety Precautions

Effective Strategies for working with your patients

- Ask questions and avoid assumptions
- Practice inclusive language including pronouns usage
- Practice your apology when making mistakes
- Develop a support plan and resource list to be prepared and build comfort when screening
- Challenge personal and professional biases and model inclusive support for all
- Remember LGBTQ+ joy is part of the picture

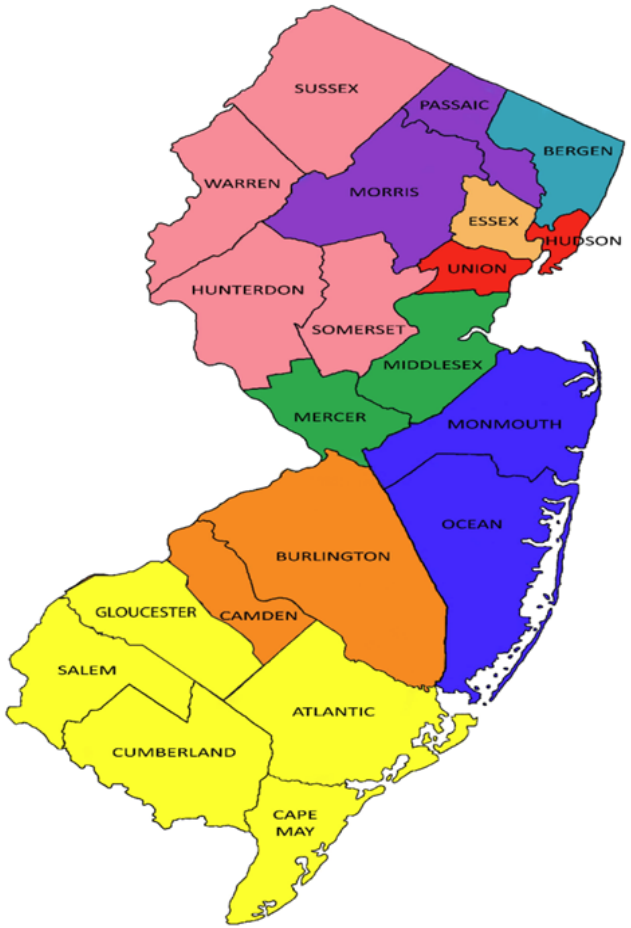
Resources

- Trevor Project -- https://www.thetrevorproject.org
- WPATH -- https://www.wpath.org
- 988Lifeline -- https://988lifeline.org
- Gender Spectrum -- https://genderspectrum.org
- GLSEN -- https://www.glsen.org
- National Alliance on Mental Illness -- https://www.nami.org/Your-Journey/Identity-and-Cultural-Dimensions/LGBTQI
- Human Rights Campaign -- https://hrc-prod-requests.s3-us-west-2.amazonaws.com/files/documents/LGBTQ-MentalHealth-brief-022221.pdf
- American Academy of Pediatrics -- https://www.aap.org/en/patient-care/mental-health-minute/screening-tools/

NJ Resources

- Garden State Equality -- https://www.gardenstateequality.org
- Cooper Center for LGBTQ+ Health -- https://www.cooperhealth.org/services/cooper-proud-lgbtq-health
- Gender and Sexuality Development Clinic at CHOP Voorhees -- https://www.chop.edu/centers-programs/gender-and-sexuality-development-program
- Robert Wood Johnson Babs Siperstein Proud Center -- https://www.rwjbh.org/rwj-university-hospital-somerset/treatment-care/babs-siperstein-proud-center
- PFLAG – Support for partents and families with chapters across NJ -- https://pflag.org
- HiTOPS -- https://www.hitops.org
- The Pride Center of NJ -- http://www.pridecenter.org

New Jersey Pediatric Psychiatry Collaborative Regional Hubs



- Atlantic Health Hub @ Newton Medical Center
- Atlantic Health Hub @ Morristown Medical Center
- Hackensack Meridian Hub @ Hackensack University Medical Center
- Hackensack Meridian Hub @ Palisades Medical Center
- Hackensack Meridian Hub @ Middlesex and Mercer
- Hackensack Meridian Hub @ Jersey Shore University Medical Center
- Cooper Hub North @ Cooper University Medical Center
- Cooper Hub South @ Cooper University Medical Center
- Essex County Served by Rutgers University Behavioral Health Care

More information on the Essex Hub can be found here:
https://ubhc.rutgers.edu/clinical/community/collaborative-behavioral-health-care-project-essex-hub/collaborative-behavioral-health-care-project-essex-hub/collaborative-behavioral-health-care-project-essex-hub.xml

NJPPC Hub Benefits

- A child and adolescent psychiatrist available for consultative support through the Child Psych. consult line
- A psychologist/social worker available to:
  - Assist the pediatrician with diagnostic clarification and medication consultation,
  - Speak with a referred child's family regarding the child's mental health concerns and to assist in providing diagnostic clarification.
- One-time evaluation by a child and adolescent psychiatrist (CAP) at no charge to the patient when appropriate.
  - Based on the recommendation of the CAP, the PPC Hub staff will work with the family to develop the treatment and care coordination plan.
- Continuous education opportunities in care management and treatment in the primary care office for the common child mental health issues: ADHD, depression, anxiety, etc.

Telehealth with CAPs

Expansion of the NJPPC via HRSA funding

Access for patients and providers:

1. *Telehealth from patient home*
2. *Telehealth from pediatric offices*
3. *"Curbside Consults" with a CAP for providers*

Notify your Hub if interested in Telepsychiatry from your office or contact:
Lauren Daly, Telehealth Clinical Coordinator
lauren.daly@hmhn.org
908-675-4492.

https://njaap.org/telehealth/

REGISTER NOW

Introductory Learning Collaborative

LAST CALL FOR

*Optional MOC Part 4

Please Join Us This Fall For . . .

INTRODUCTORY LEARNING COLLABORATIVE:
Integrating Behavioral Health in Your Practice

6 virtual sessions:
Third Fridays, November 2022-April 2023
12:15-1:15 pm

Who Can Participate:
Pediatric primary care and specialty care clinicians and their practice teams.

- Track 1 - Open to all; participate as schedule permits.
- Track 2 - Optional, ABP-approved, MOC Part 4 Quality Improvement Project (awarding 25 MOC part 4 pts upon completion) - Open to NJPPC* members (can join simultaneously if not already a NJPPC member).

Program Highlights:
- Didactic presentations by subject matter experts
- Case presentations and discussion
- Practice Quality Improvement (QI) coaching
- CME credits/MOC part 2 points awarded for each session

Faculty Includes:
- Child & Adolescent Psychiatrists
- NJPPC Hub Behavioral Health Staff
- QI Expert
- Physician Champions

NEW JERSEY PEDIATRIC PSYCHIATRY COLLABORATIVE

New Jersey Chapter
American Academy of Pediatrics

Planned Session Topics:

November 16th
Early Identification of Pediatric Mental/Behavioral Health Issues & How to Address in Primary Care

December 16th
Screening for Pediatric Mental/Behavioral Health Issues: A Practice Team Approach

January 20th
Referral & Care Coordination: Working in Collaboration with Your NJPPC Hub

February 17th
Collaborating with NJPPC CAPs on Treatment & Co-Med. Management

March 17th
Community Resources and Communicating with Families about Mental/Behavioral Health Concerns

April 21st
Sustainability and Storyboards

REGISTER TODAY

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ATTENTION NJPPC MEMBERS:
Your feedback is important to us!

Take the HRSA Health Care Provider Survey

Go Shopping On Us!

PLUS...

Submit your survey and you will be in the running to

WIN a free iPad

for your staff and patients to use for telehealth, information sharing, registration, etc.

As a valued participant in the New Jersey Pediatric Psychiatry Collaborative (NJPPC) we ask you to please complete the HRSA online survey (referred to in the survey as the PMHCAP) to help us support the statewide program and telehealth expansion.

This online survey is part of the NJPPC telehealth expansion program funded through HRSA. It should take you less than 10 minutes to complete. Click here to access the survey.

As a thank you for completing this survey, you'll receive a **$10 Amazon Ecard**
(Please allow up to 30 days for receipt)

AND

Submit by Nov. 25th and be entered into drawing for an iPAD.

Thank you in advance for taking the time to complete the HRSA Annual Survey. If you have any questions, please contact a member of the team at MHC@njaap.org.

Click HERE To learn more about the NJPPC Telehealth Expansion Program

Thank you!

For more information or to register for the NJPPC

Visit:

https://njaap.org/mental-health/njppc/

Contact:

NJAAP, Mental Health Collaborative

609-842-0014

mhc@njaap.org

To contact our presenter:

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or

bokehtherapy.com