



NAVIGATING THE YOUTH MENTAL HEALTH SYSTEM

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9/27/18

FINANCIAL DISCLOSURE

I have no relevant financial relationships to disclose

OBJECTIVES

Provide information regarding the types of mental health services available for youth

Promote understanding of the referral, assessment and treatment process

Identify particular questions that families can ask to promote positive treatment outcomes

TYPES OF INTERVENTIONS

- Outpatient
 - Psychotherapy
 - Integrated Behavioral Health
 - Psychiatry
 - Neuropsychology
 - School-Based Services
- Day Treatment/Partial Hospitalization
- Inpatient Psychiatric Hospitalization

OUTPATIENT INTERVENTIONS

Psychotherapy

- Provided by Clinical Social Workers, Psychologists, and (less often) Psychiatrists
- Generally between 8-30 hourly sessions weekly to every other week
- Focus on improving mood, behavior and coping skills through reworking new patterns of behavior, shifting ways of thinking about situations, and promoting positive communication and relationships with peers, family members and teachers

OUTPATIENT INTERVENTIONS

Integrated Behavioral Health

- Social workers, psychologists, counselors and others who work with a medical clinic (either primary or specialty care) to address specific coping, emotional or behavioral symptoms
 - Working with a **Teen Clinic** to help children and families cope with pain and anxiety related to burn injuries and dressing changes
 - Working with a **Diabetes Clinic** to promote healthy lifestyle changes and to cope with diabetes when youth may feel different from peers
 - Working with a **Cancer Clinic** to help improve adherence to medical recommendations and address frustration, anxiety, thinking, and fatigue at home and school during recovery

OUTPATIENT INTERVENTIONS

Psychiatry

- Provided by Admitted Psychiatrists, Nurse Practitioners, Psychiatrists, or Primary Care Providers
- Focus on medications to promote sleep function for the purpose of improved mood and behavior
- Initially, sessions occur 1-2 weeks apart, then are generally scheduled weekly to every three weeks
- Adapt schedule when meeting with youth "Start Low and Go Slow"
- First goal is to determine whether a medication might be helpful
- Next is generally a prescription for a medication at a small dose to determine whether it causes any negative effects
- Finally, if no benefits experienced at the lowest possible dose, medication is slowly increased until if positive change is seen

OUTPATIENT INTERVENTIONS

Neuropsychology

- Usually a two to three appointment process
- Clinical interview with child and family, including mood and behavioral observations (1 hour)
- Assessment tests to gather information about thought processes, thinking speed, attention, memory, learning, reactions, and reasoning (2-3 hours)
- Feedback session with recommendations for therapy, medication management, and educational support planning
- Often is performed by context of care for a developmental condition, ongoing medical condition, or recovery from acute injury such as concussion

TYPES OF INTERVENTIONS (CONTINUED)

School-Based Services

- Academic assessments are typically performed by school psychologists
- Often involve a combination of observations, classroom observations, and evaluation of learning strengths and difficulties through many of the same tests utilized in a neuropsychological evaluation
- Typically are focused on educational questions rather than medical concerns
- Provide understanding of learning needs to inform the development of individualized supports or a formal Individualized Educational Plan (IEP)
- Special Education includes Gifted and Talented, as well as Identified Learning Disabilities, Emotional and Behavioral Disorders, and Other Health Impairments
- A 504 Plan is created for those who need physical or environmental accommodations due to a medical condition (includes ADHD)
- In-school therapy to promote improved self-confidence, behavior and social comfort/skills can be provided by school counselors, and sometimes school psychologists

INTERVENTIONS: HIGHER LEVELS OF CARE

If intense mood or behavioral concerns worsen despite outpatient treatment, or if suffering persists, the following options are available:

- **Day Treatment/Partial Hospitalization**
 - involve daily, multiple hours per day comprehensive interventions that include:
 - Individual therapy
 - Group therapy
 - Family therapy
 - Medication management
- **Inpatient Hospitalization**
 - usually initiated when there are acute concerns of harm to self or others, or if there are intense negative reactions to medications
 - duration of stay usually falls between 3-14 days, with most hospital stays lasting between 4-9 days
 - include medication planning, individual as well as family therapy, and group interventions
 - typically, ready for discharge to another mental health provider, or "step down" to day treatment

REFERRAL, ASSESSMENT AND TREATMENT PROCESS

- **Referral to specialist is based on the clinical issue at hand**
 - A Primary Care Provider may be the most efficient option to initiate a medication for "straight ahead" depression, anxiety, or ADHD if no other conditions seem apparent
 - Validated screening and assessment measures are often combined with a clinical interview at many PCP offices
 - If a meeting with a psychiatrist is preferred by the PCP or the family, the family may request a referral for outpatient psychiatric (medication) care sent to an outpatient provider or clinic within the child's insurance network
 - Similarly, the PCP may make a referral for psychotherapy to a clinician or clinic within the child's insurance network
 - Families may simply opt to visit health providers within their insurance network to initiate outpatient services

REFERRAL, ASSESSMENT AND TREATMENT PROCESS

If medical or suspected developmental issues are possibly related to cognitive, behavioral or emotional functioning, a referral to a neuropsychologist may be helpful. Integrated behavioral health services are typically initiated by requesting a consultation from the clinic team during an appointment.

School-based resources are often initiated through contacting a school administrator.

ENSURING A GOOD FIT AND POSITIVE OUTCOMES

Key points to consider/ask about when making first contact with a mental health provider:

- What is your assessment process?
 - Looking for a combination of rating scales, child observations, and clinical interview involves multiple sources, placing the child and family in the role of experts over their own experiences
 - Emphasis on an explicit process of identifying a specific clinical issue and then working effectively toward improving mood, behavior or functional patterns
- How do you set goals for treatment?
 - Are there written plans in place
 - Are they measurable and is there routine review of how treatment is progressing toward these goals?
 - Are there "back-up" goals in addition to longer-term goals?

ENSURING A GOOD FIT AND POSITIVE OUTCOMES

Key points to consider/ask about when making first contact with a mental health provider:

- What is the format of the assessment, presentation of recommendations, and treatment decisions?
 - How involved are caregivers/family members?
 - What is the structure of the appointment?
- How are interventions and recommendations determined?
 - Is the clinician able to explain clearly what they are doing and why?
 - There should be some explanation of how specific recommendations fit with a particular understanding of the specific relationship between child development, brain functioning, experience (including understanding of traumatic stress responses), emotion, self-regulation and behavior?

ENSURING A GOOD FIT AND POSITIVE OUTCOMES

Key points to consider/ask about when making first contact with a mental health provider:

- What are the specific therapeutic activities (or, for assessments, what kinds of assessment instruments) that are utilized?
 - Play therapy or games, child interaction tracking for very young children
 - A combination of play, art and notebook activities for school-aged children
 - Opportunities and behaviors of complete learning mechanisms positively experienced by youth and teens
 - Focus on the relationship between physical health (diet, sleep, activity, etc.) and functioning
 - Psychological, emotional and behavioral regulation options for children and adolescents of all ages
 - More independent (if possible) self-management, providing specific coping or social skills strategies and exercises that explore the relationships between thoughts, feelings and behaviors for adolescents
 - Opportunities to improve overall family interactions

What intervention might look like for an adolescent:

John is a 16-year-old boy who reported difficulty sleeping, an irritable mood, low energy, stomachaches, procrastination, worry, and declining grades for the past several months. He was accompanied by his mother who was very concerned. John's mother reported that John quit the tennis team, which he used to enjoy, withdrew from parents, developed a disrupted sleep pattern, and argued daily with family. John initially said these problems were "not that bad" and that his mother needed to "stop hassling me."

- 1) Acknowledge feelings and thoughts related to discussing the problem.
- 2) Identify a new way of relating that does not involve meeting demands.
- 3) Communicate confidence in the teen's autonomy and self-determination.
- 4) Gently ask about how numerous stressors have interfered with the adolescent's own goals and interests, to develop motivation for change.
- 5) Talk about personal strengths, abilities, interests, and social support.
- 6) Talk about the teen's game plan for demonstrating both competence and enjoyment through preferred activities.
- 7) Consider stress reduction, health activities (including improved diet and gradual shift in sleep schedule), and behavioral activation.
- 8) Over time, reflect on evidence of improved coping in line with the adolescent's own goals and ambitions.

EXAMPLE OF COGNITIVE MODEL

Note: thoughts, feelings and behaviors influence each other



HOW ACCURATE THOUGHTS CAN HELP

Note: thoughts, feelings and behaviors influence each other



CBT WORKSHEETS FOR YOUTH

The thumbnail image shows a worksheet titled 'CBT WORKSHEETS FOR YOUTH'. It features a table with three main columns: 'Thought', 'Feeling', and 'Action'. The 'Thought' column contains several examples of negative thoughts, such as 'I am not good enough', 'I am a failure', and 'I am worthless'. The 'Feeling' column lists corresponding emotions like 'Sad', 'Anxious', and 'Angry'. The 'Action' column provides behavioral strategies to counteract these thoughts and feelings, such as 'Write down your thoughts', 'Talk to a friend', and 'Engage in a hobby'. The worksheet is designed to help youth identify and challenge their negative thoughts and feelings, and to take positive actions to improve their mood.

CASE EXAMPLE: ADDITIONAL TREATMENTS

For moderate to severe anxiety and depression, starting with a medication in combination with cognitive behavioral therapy may lead to quicker symptom relief.

Given the "Black Box" warning for increased suicidal thoughts in small proportion of youth who are prescribed antidepressants, close communication with a prescribing provider is required.

Those predisposed to bipolar may experience manic symptoms with antidepressants.

"Start low and go slow."

Medications can be very helpful, make sure to keep in close contact with PMD or psychiatrist to monitor progress.

SUMMARY

Depression, anxiety and other coping or behavioral concerns are more common than often realized.

There are numerous options and resources available for youth and families to address emotional or behavioral health needs, including those with medical concerns.

Interventions should emphasize mastery, positive self-talk and personal strength.

Provide encouragement and guidance.

Use school/home collaboration if necessary.

Model and talk about appropriate responses to stressful situations.

Praise and encourage healthy behaviors, including diet, exercise and sleep.

Work to reduce stigma associated with mental health.

Talk with your pediatrician if you have concerns.

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