Collaborative Mental Health Network:

A Mentoring Program

A 16-year experience mentoring family physicians through the Ontario College of Family Physicians'

Collaborative Mentoring Networks

Helen R Spenser MD CCFP FRCP C, Child and Adolescent Psychiatrist
Assistant Professor University of Ottawa, Faculties Psychiatry and Family Medicine
June 2nd, 2018
Toronto Shared Care Conference

Speakers Declaration of Conflict of Interest

- Most medication discussed in child and adolescent psychiatry is used off label except for Stimulants used for the treatment of Attention Deficit Hyperactivity Disorder
- Dr. Spenser receives honoraria from the Ontario College of Family Physicians for her participation in the Collaborative Mental Health Network
- Dr. Spenser is on the Scientific Committee for Collaborative Mental Health Conference

Outline for Workshop

- Introduction from Dr. Helen Spenser
- History of OCFP Collaborative Mental Health Network, Dr. Arun Radhakrishnan
- Case Presentations from Mentees Dr. Millaray Sanchez and Dr. Cindy Sabatino
- Small Group spontaneous mentor/mentee groups with audience participation
- Wrap Up

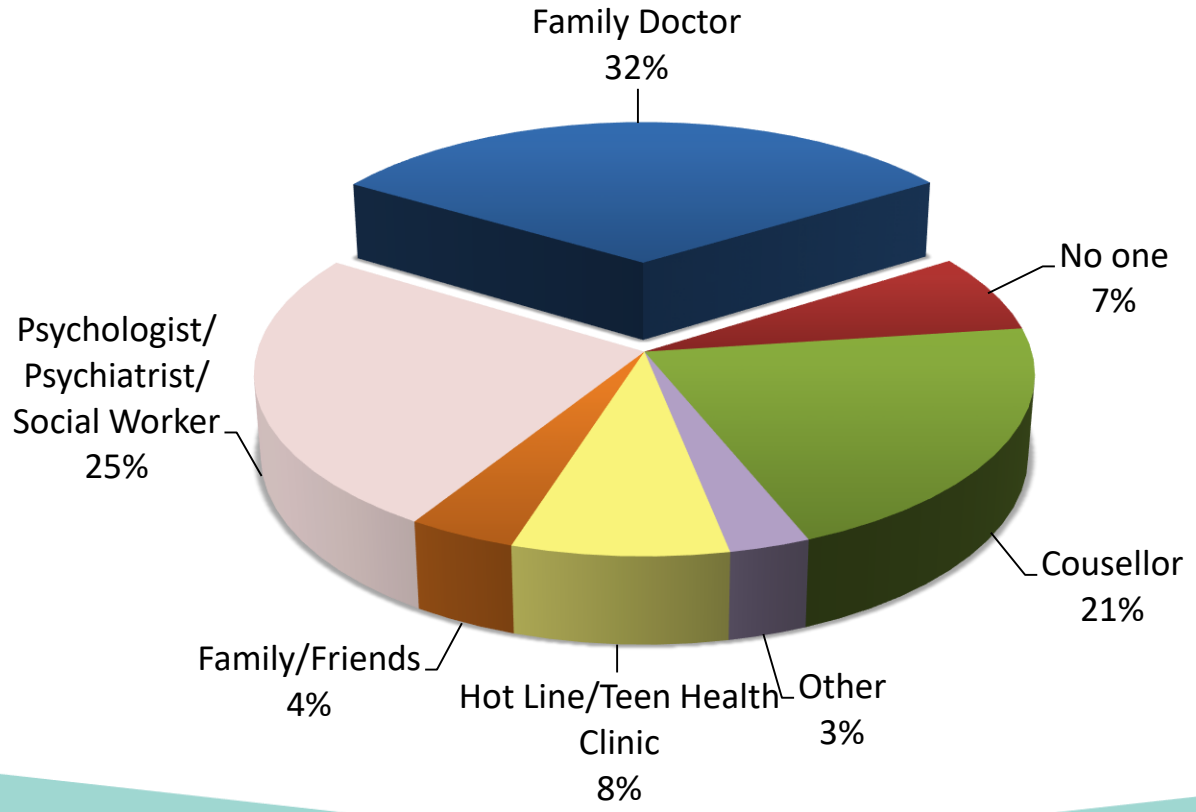
Goals of Collaborative Projects

With thanks to Dr N Kates

Why Collaborative Care?

Following slide convinced me, a former family physician morphed into child and adolescent psychiatrist of the importance of working closely with family physicians as the key to treating mental illness in children and adolescents

Professionals' Children and Youth Most Likely to Approach with Mental Health Concerns



(Davidson & Manion, 1996)

Introduction

- 2002 Edmonton Collaborative Mental Health Conference (3rd Annual) invitation to become mentor in this program
- Aim to create capacity building opportunities for family physicians interested in becoming more adept at delivering mental health care
- To render ivory tower psychiatrists more accessible and to choose former family physicians and others who understood the needs and time constraints of busy family physicians

OCFP Collaborative Mental Health Network (CMHN)

- one network in the OCFP's Collaborative Mentoring Networks

Objectives:

Enhance quality of mental health care delivery
Provide point of care learning
Support family physicians in service provision
Family physician/specialist collaboration at a distance

Goals:

Improve physician satisfaction with consultation/collegial relationships
Reduce time to consultation
Reduce time to optimal treatment
Enhance patient care: ↓ symptoms, ↑ physician knowledge

ONTARIO COLLEGE OF FAMILY PHYSICIANS
Collaborative Mentoring Networks

The story of one group:
Group 10 “Spencer Squared”

- 16 years in existence, with same core group and 8 new
- GP psychotherapist (Dr, R Salole) retired one of guest speakers invited to co-mentor
- Mentors are child psychiatrist, and adult (Spenser and Spencer) psychop-harmacologist and act team psychiatrist
- Face to face local meetings at least three times with either mentee chosen speaker/topic or case discussion with mentors
- Interim email case based questions and answers with total group participation
- Mentors available by email to all mentors in network

Group Ten

- Longest running group in network
- At least twelve of twenty members have been part of the group for over ten years some since its inception
- Opportunity for long-term supportive relationships between mentees as well as mentor-mentee relationship as constant
- Unique to network in comparison to Project ECHO, or CanREACH is which are time limited programs running six months only

Mentor: What do I provide?

- Recommendations for assessment and management of specific case
- General information regarding assessment and treatment
- Consolidated experience professional wisdom
- Moral support
- Reassurance
- References for literature
- Also very rewarding relationships for mentor built over time with knowledge that we are working as a community team for improved mental health care

Mentee: What I receive?

- Quick practical clinical support: email, telephone, fax
- Formal consultation/mentoring face to face
- Access to all mentors in Network for expertise outside own group
- CME large and small group, and individual relevant and practical to needs of primary care physician
- Increased mental health knowledge with tools to make consultation more relevant to primary care
- Increased confidence in treating mental health patients
- A professional, supportive community
- Personal support/collegiality “ burnout prevention”

Group Ten

- Email group discussion of cases with mentees asking specific questions on topics of therapy, resources, medication
- Input from both mentors and mentees
- Mentees have gained skill over years and many act as opinion leaders with other family physicians in community
- Group includes pediatrician, GP psychotherapists and traditional family physicians with full-range practice

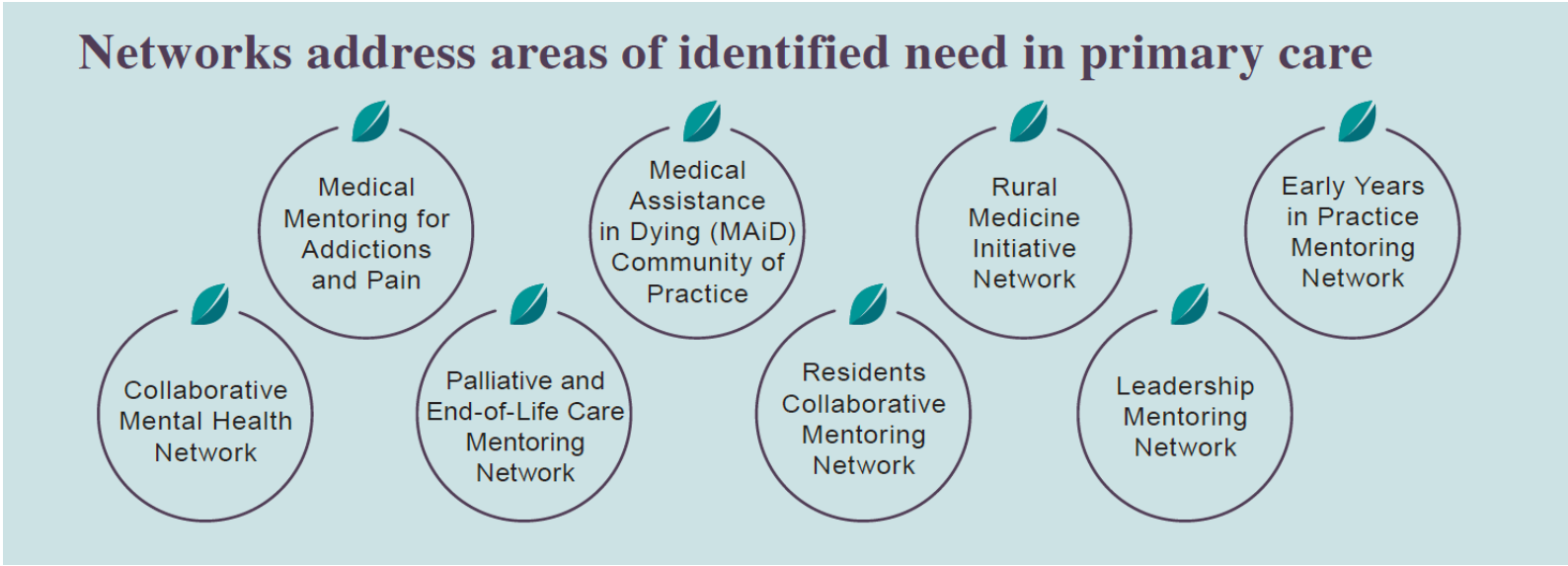
Purpose of This Workshop

- To introduce the audience to the network and what makes it unique
- To allow the audience to have taste of the network experience of bringing mental health questions to mentors and experienced mentees
- Upcoming expansion of network into areas of end of life care, pain management along with current addictions and mental health, encourage FP's to join if interested

Collaborative Mentoring Networks

COLLABORATIVE MENTAL HEALTH NETWORK (CMHN)

MEDICAL MENTORING FOR ADDICTIONS AND PAIN (MMAP)



Speakers Declaration of Conflict of Interest

- Dr. Radhakrishnan receives honoraria from the Ontario College of Family Physicians as the Clinical Lead of the Collaborative Mentoring Networks

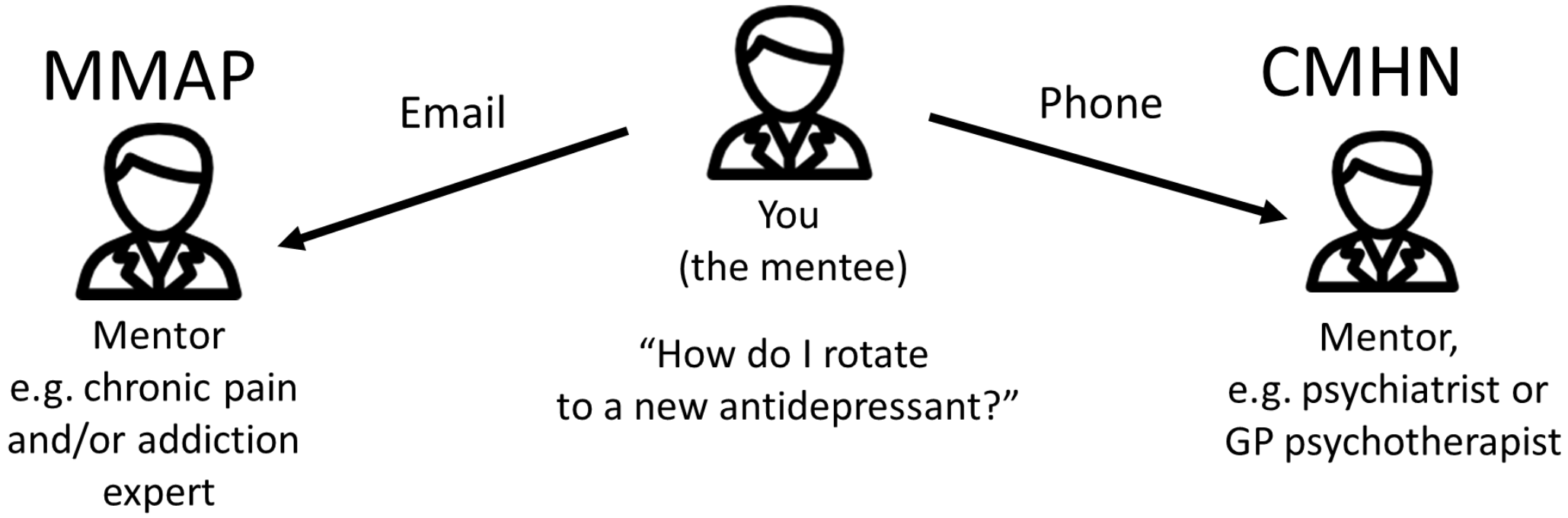
- **This program has received financial support from** Ontario College of Family Physicians, for **travel expenses.**

The Purpose of the Networks

- Help family physicians manage complexity in mental health, addictions and pain.

- Mentorship
  - Translate knowledge through mentoring
  - Provide support; a safe space for family physicians

Mentorship

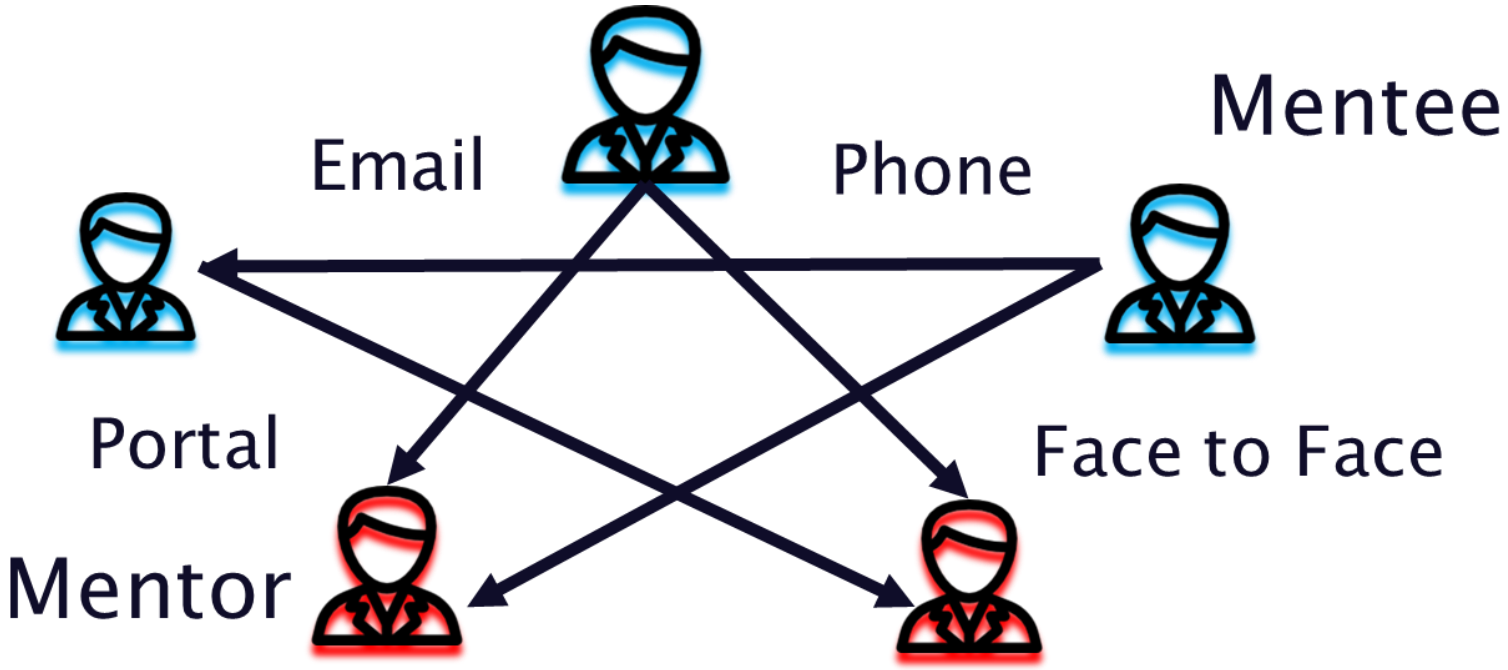


On Demand

Regional

Compassionate space

Mentorship - Groups

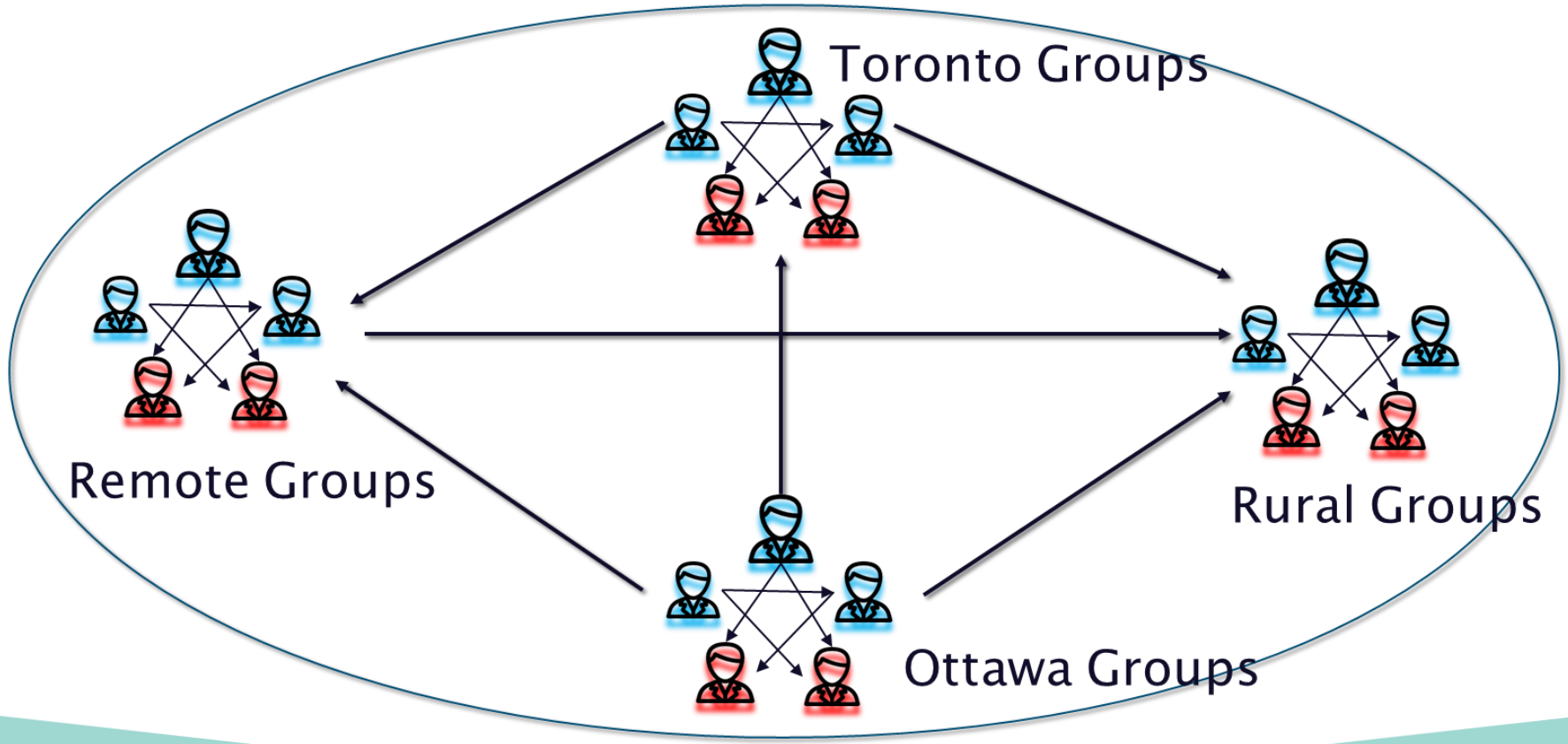


Adaptive

Responsive

Evidence to practice

Network Organization



Mentoring Activities

- Discussions focus on support in managing in-vivo clinical cases longitudinally
  - Screening and assessment (52%)
  - Clinical tool and guidelines (52%)
  - Medication management (78%)

Network Activities

Annual Conference

- Didactic sessions and workshops

Regional Conferences

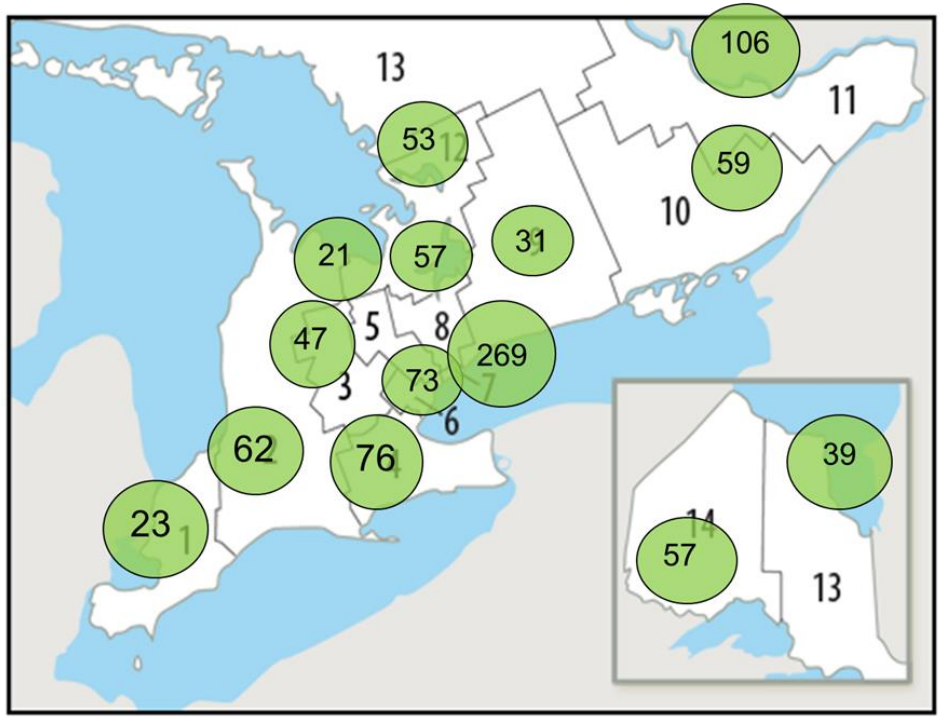
- 2016: London & Windsor
- 2017: Kingston, Peterborough, Sudbury

All activities are certified

- Mainpro+ 1 credit per hour for regional meetings/annual conference
- Mainpro+ 3 credits per hour -15/network

Network Membership

Cumulative network membership by LHIN



	2016-17		Cumulative	
	Mentees	Mentors	Mentees	Mentors
CMHN	403	36	648	63
MMAP	257	30	352	42
Total	**726**		**1105**	

Network Impact

Provider Impact

- 80% satisfied or very satisfied with the networks
- 76% improved competence in assessing and managing patients (75%[1])
- 78% improved confidence even with more complex patients (88%[1])
- 89% feel safer in managing clinical issues

Systems Impact

- 70% report seeing a wider range of patients with mental illness, addiction and chronic pain
- 57% report managing more patients with these health issues
- 39% report a reduction in referrals to specialists

Patient Impact

- 56% of members believe that participating in the networks has helped to improve their patient's quality of life

Network Impact

"I feel more willing to tackle complex issues and care for patients with complex issues when I have the support from CMHN“

"access to evidence based practices“

"Because of the CMHN I am able to provide mental health treatment and Guidance to my patients esp patients who are low income and can't afford Psychologists or can't be seen by Psychiatry“

"made me feel less isolated in dealing with difficult patients /confirmed some of my practice with this populations"

Collaborative Mental Health Network: A Mentoring Program

Dr. Millaray Sanchez MD, CCFP, FCFP

Speakers Declaration of Conflict of Interest

- No conflicts of interests to declare.

- **This program has received financial support from** Ontario College of Family Physicians, CMHN for **travel expenses.**

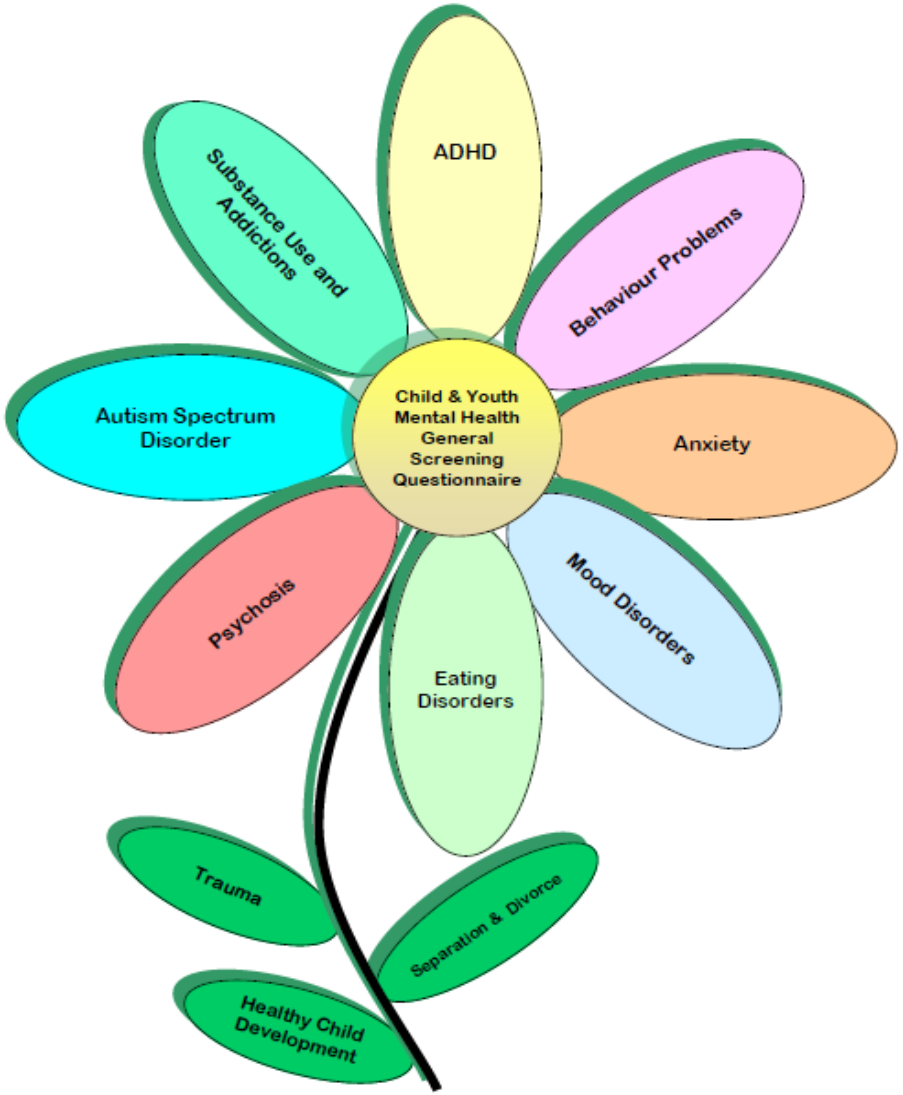
CMHCN – Professional Impact

- Increased confidence treating pediatric and adult population with mental health problems
- Improved knowledge in appropriately using different inventories to diagnose mental illness
- Timely access to mentors' and mentees' advice
- Shared knowledge
- My practice profile: **50% more patients in the lowest income quintile** and **40% more patients with mental health problems** than the average FP in ON

Case 1 –Mr. Fidgety

A 17-year-old male who consulted in December 2017 because of feeling fidgety and having long lasting problems with concentration, more noticeable in the past two years and was concerned because had just been accepted to Carleton University in engineering. He worried that those problems would interfere with his performance. School grades were excellent, mother and school had no concerns.

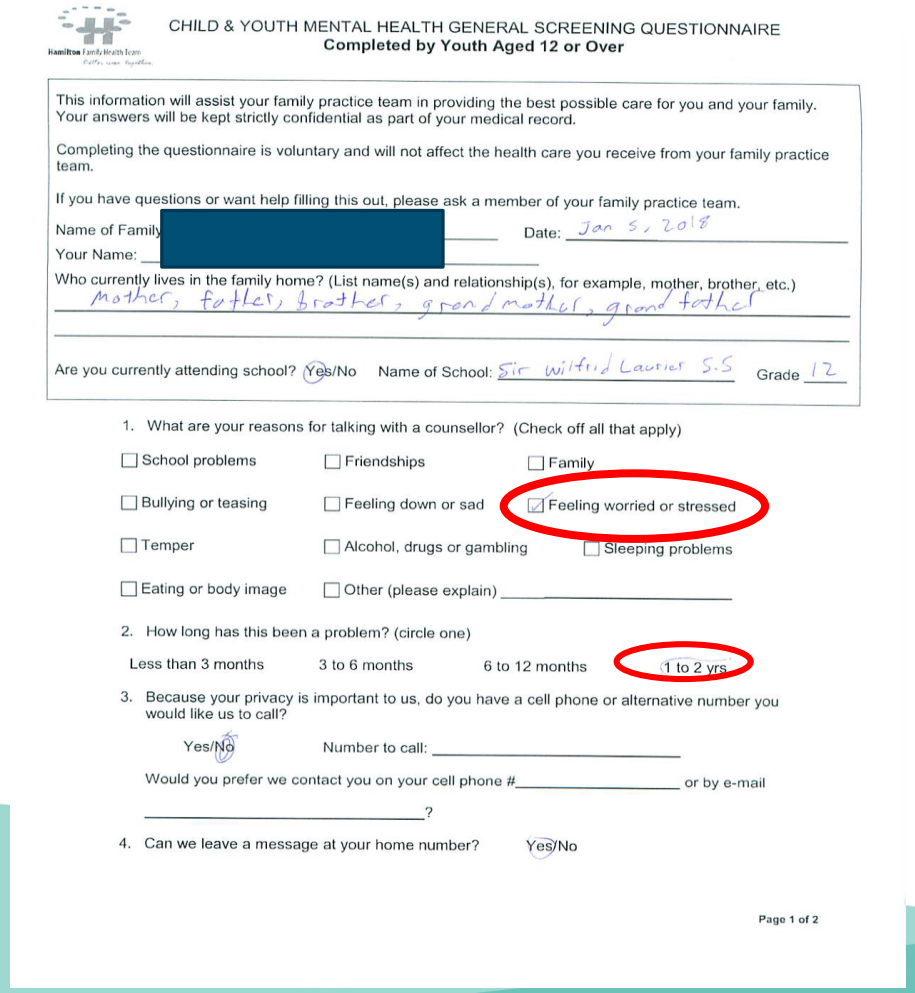
He returned with mother to complete inventories.



Shared Care
Child & Youth Mental Health Toolkits.

Child and Youth General Screening Questionnaire

MR. FIDGETY



Hamilton Family Health Team

CHILD & YOUTH MENTAL HEALTH GENERAL SCREENING QUESTIONNAIRE
Completed by Youth Aged 12 or Over

This information will assist your family practice team in providing the best possible care for you and your family. Your answers will be kept strictly confidential as part of your medical record.

Completing the questionnaire is voluntary and will not affect the health care you receive from your family practice team.

If you have questions or want help filling this out, please ask a member of your family practice team.

Name of Family [redacted] Date: Jan 5, 2018

Your Name: [redacted]

Who currently lives in the family home? (List name(s) and relationship(s), for example, mother, brother, etc.)

mother, father, brother, grandmother, grandfather

Are you currently attending school? (Yes)/No Name of School: Sir Wilfrid Laurier S.S Grade 12

1. What are your reasons for talking with a counsellor? (Check off all that apply)

☐ School problems ☐ Friendships ☐ Family

☐ Bullying or teasing ☐ Feeling down or sad ☑ Feeling worried or stressed

☐ Temper ☐ Alcohol, drugs or gambling ☐ Sleeping problems

☐ Eating or body image ☐ Other (please explain) _____

2. How long has this been a problem? (circle one)

Less than 3 months 3 to 6 months 6 to 12 months (1 to 2 yrs)

3. Because your privacy is important to us, do you have a cell phone or alternative number you would like us to call?

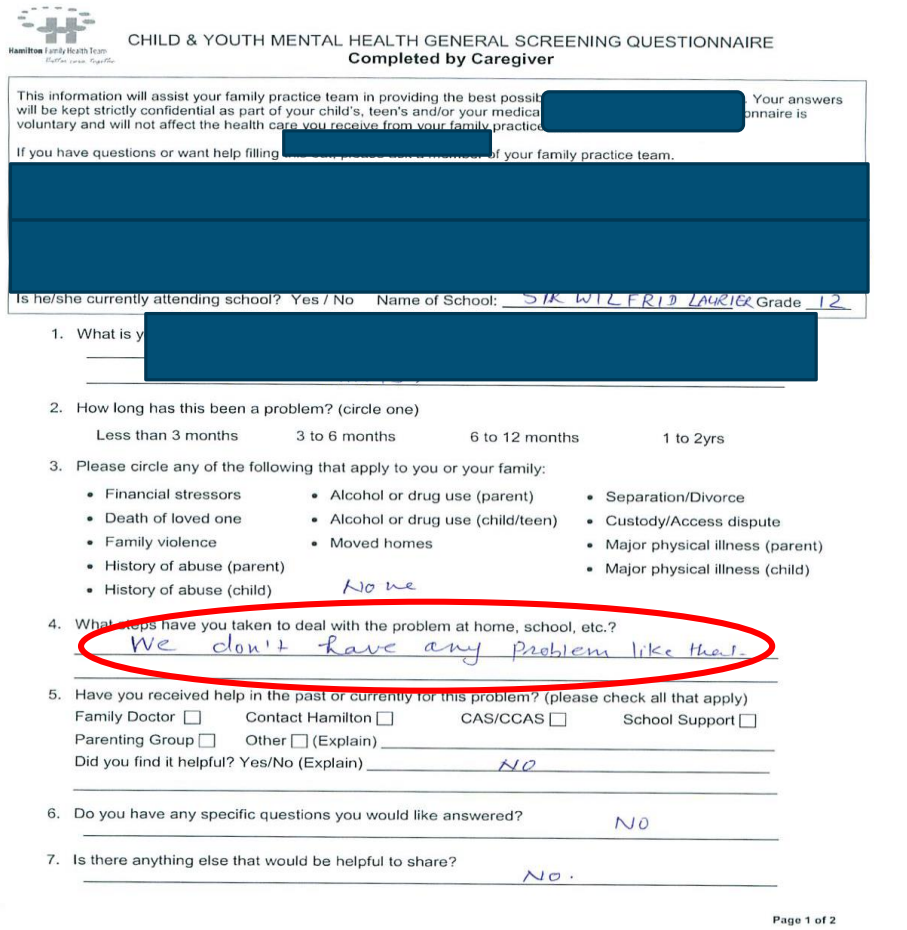
(Yes)/No Number to call: _____

Would you prefer we contact you on your cell phone #_____ or by e-mail _____?

4. Can we leave a message at your home number? (Yes)/No

Page 1 of 2

MOTHER



Hamilton Family Health Team

CHILD & YOUTH MENTAL HEALTH GENERAL SCREENING QUESTIONNAIRE
Completed by Caregiver

This information will assist your family practice team in providing the best possib[redacted] Your answers will be kept strictly confidential as part of your child's, teen's and/or your medica[redacted]onnaire is voluntary and will not affect the health care you receive from your family practice[redacted]

If you have questions or want help filling [redacted] of your family practice team.

[redacted]

Is he/she currently attending school? Yes / No Name of School: SIR WILFRID LAURIER Grade 12

1. What is y[redacted]

2. How long has this been a problem? (circle one)

Less than 3 months 3 to 6 months 6 to 12 months 1 to 2yrs

3. Please circle any of the following that apply to you or your family:

- Financial stressors
- Death of loved one
- Family violence
- History of abuse (parent)
- History of abuse (child)
- Alcohol or drug use (parent)
- Alcohol or drug use (child/teen)
- Moved homes
- Separation/Divorce
- Custody/Access dispute
- Major physical illness (parent)
- Major physical illness (child)

None

4. What steps have you taken to deal with the problem at home, school, etc.?

We don't have any problem like that.

5. Have you received help in the past or currently for this problem? (please check all that apply)

Family Doctor ☐ Contact Hamilton ☐ CAS/CCAS ☐ School Support ☐

Parenting Group ☐ Other ☐ (Explain) _____

Did you find it helpful? Yes/No (Explain) NO

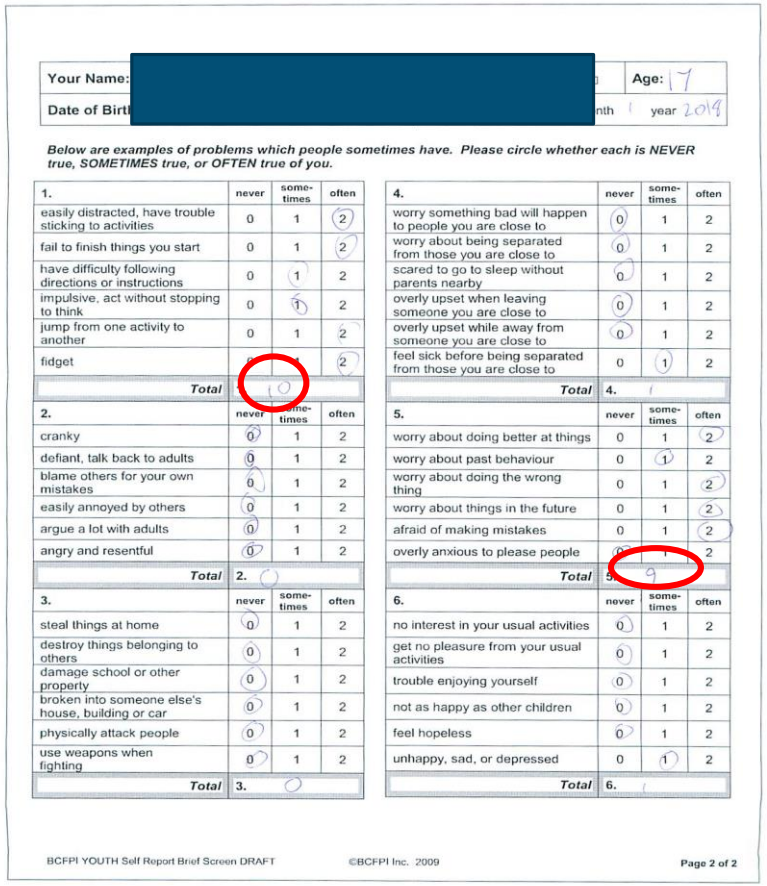
6. Do you have any specific questions you would like answered? NO

7. Is there anything else that would be helpful to share? No.

Page 1 of 2

Child and Youth General Screening Questionnaire

MR. FIDGETY



Your Name: [redacted] Age: 17

Date of Birth [redacted] month 1 year 2019

Below are examples of problems which people sometimes have. Please circle whether each is NEVER true, SOMETIMES true, or OFTEN true of you.

1.	never	some-times	often
easily distracted, have trouble sticking to activities	0	1	2
fail to finish things you start	0	1	2
have difficulty following directions or instructions	0	1	2
impulsive, act without stopping to think	0	1	2
jump from one activity to another	0	1	2
fidget	0	1	2
Total	1.0		

2.	never	some-times	often
cranky	0	1	2
defiant, talk back to adults	0	1	2
blame others for your own mistakes	0	1	2
easily annoyed by others	0	1	2
argue a lot with adults	0	1	2
angry and resentful	0	1	2
Total	2.		

3.	never	some-times	often
steal things at home	0	1	2
destroy things belonging to others	0	1	2
damage school or other property	0	1	2
broken into someone else's house, building or car	0	1	2
physically attack people	0	1	2
use weapons when fighting	0	1	2
Total	3.		

4.	never	some-times	often
worry something bad will happen to people you are close to	0	1	2
worry about being separated from those you are close to	0	1	2
scared to go to sleep without parents nearby	0	1	2
overly upset when leaving someone you are close to	0	1	2
overly upset while away from someone you are close to	0	1	2
feel sick before being separated from those you are close to	0	1	2
Total	4.		

5.	never	some-times	often
worry about doing better at things	0	1	2
worry about past behaviour	0	1	2
worry about doing the wrong thing	0	1	2
worry about things in the future	0	1	2
afraid of making mistakes	0	1	2
overly anxious to please people	0	1	2
Total	5. 9		

6.	never	some-times	often
no interest in your usual activities	0	1	2
get no pleasure from your usual activities	0	1	2
trouble enjoying yourself	0	1	2
not as happy as other children	0	1	2
feel hopeless	0	1	2
unhappy, sad, or depressed	0	1	2
Total	6.		

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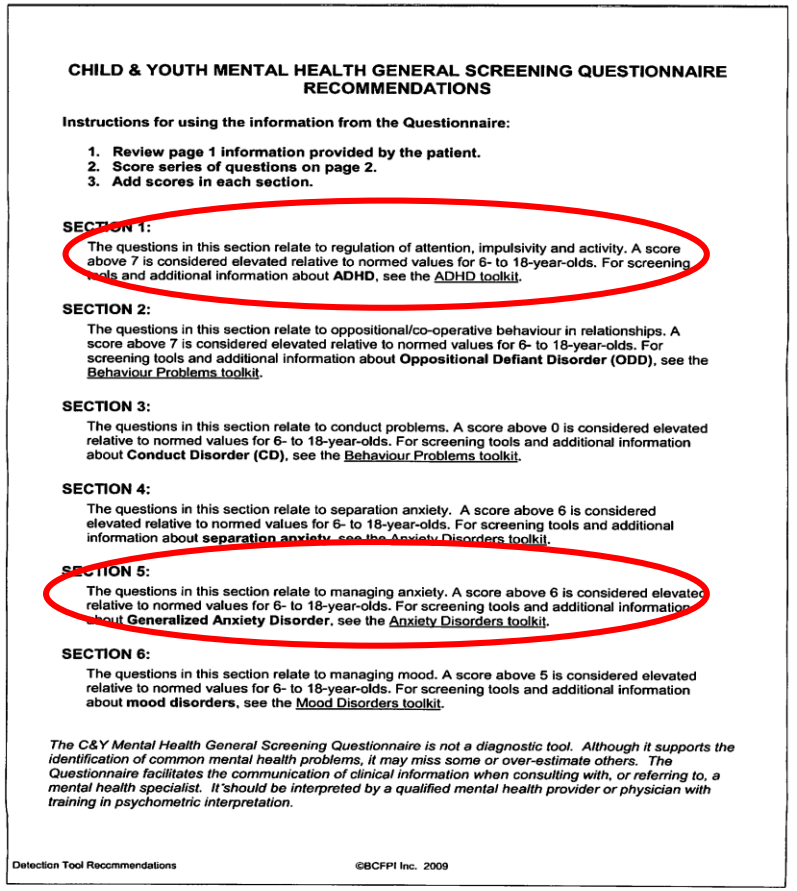


CHILD & YOUTH MENTAL HEALTH GENERAL SCREENING QUESTIONNAIRE RECOMMENDATIONS

Instructions for using the information from the Questionnaire:

1. **Review page 1 information provided by the patient.**
2. **Score series of questions on page 2.**
3. **Add scores in each section.**

SECTION 1:
The questions in this section relate to regulation of attention, impulsivity and activity. A score above 7 is considered elevated relative to normed values for 6- to 18-year-olds. For screening tools and additional information about **ADHD**, see the ADHD toolkit.

SECTION 2:
The questions in this section relate to oppositional/co-operative behaviour in relationships. A score above 7 is considered elevated relative to normed values for 6- to 18-year-olds. For screening tools and additional information about **Oppositional Defiant Disorder (ODD)**, see the Behaviour Problems toolkit.

SECTION 3:
The questions in this section relate to conduct problems. A score above 0 is considered elevated relative to normed values for 6- to 18-year-olds. For screening tools and additional information about **Conduct Disorder (CD)**, see the Behaviour Problems toolkit.

SECTION 4:
The questions in this section relate to separation anxiety. A score above 6 is considered elevated relative to normed values for 6- to 18-year-olds. For screening tools and additional information about **separation anxiety**, see the Anxiety Disorders toolkit.

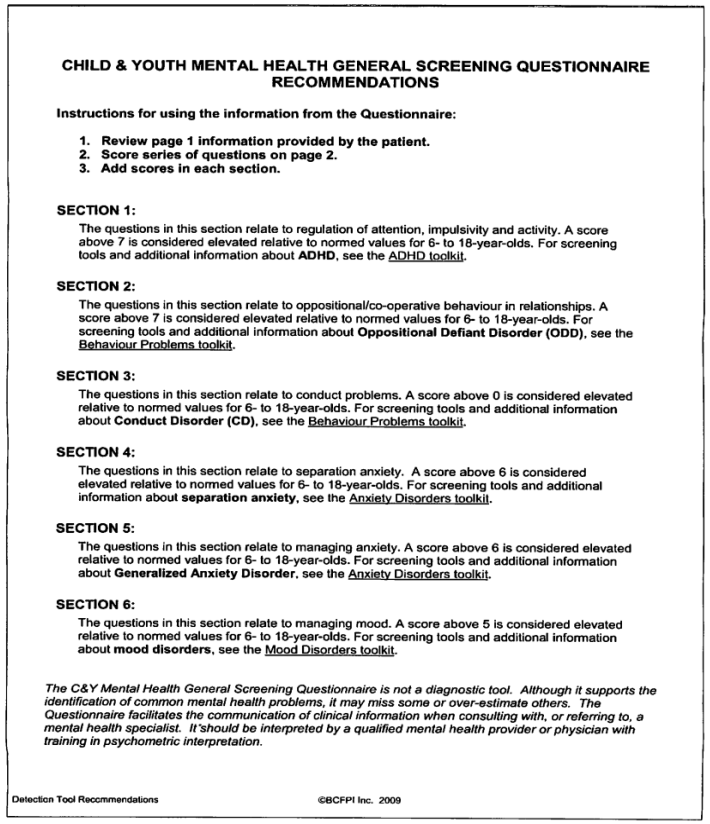
SECTION 5:
The questions in this section relate to managing anxiety. A score above 6 is considered elevated relative to normed values for 6- to 18-year-olds. For screening tools and additional information about **Generalized Anxiety Disorder**, see the Anxiety Disorders toolkit.

SECTION 6:
The questions in this section relate to managing mood. A score above 5 is considered elevated relative to normed values for 6- to 18-year-olds. For screening tools and additional information about **mood disorders**, see the Mood Disorders toolkit.

The C&Y Mental Health General Screening Questionnaire is not a diagnostic tool. Although it supports the identification of common mental health problems, it may miss some or over-estimate others. The Questionnaire facilitates the communication of clinical information when consulting with, or referring to, a mental health specialist. It should be interpreted by a qualified mental health provider or physician with training in psychometric interpretation.

Detection Tool Recommendations ©BCFPI Inc. 2009

Child and Youth General Screening Questionnaire



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Detection Tool Recommendations ©BCFPI Inc. 2009

MOTHER

[redacted] Male ✓ Female___ Age: 17

Today's date: Day 5 Month 01 Year 2018

Relationship to child: MOTHER

Below are examples of problems which children sometimes have. Please circle whether each is NEVER true, SOMETIMES true, or OFTEN true of this child.

1.	never	some-times	often
distractible, has trouble sticking to an activity	(0)	1	2
fails to finish things he/she starts	(0)	1	2
difficulty following directions or instructions	(0)	1	2
impulsive, acts without stopping to think	(0)	1	2
jumps from one activity to another	(0)	1	2
fidgets	0	(1)	2
Total	1. 1		

2.	never	some-times	often
cranky	(0)	1	2
defiant, talks back to adults	(0)	1	2
blames others for his/her own mistakes	(0)	1	2
easily annoyed by others	(0)	1	2
argues a lot with adults	(0)	1	2
angry and resentful	0	(1)	2
Total	2. 1		

3.	never	some-times	often
steals things at home	(0)	1	2
destroys things belonging to others	(0)	1	2
engages in vandalism	(0)	1	2
broken into a house, building or car	(0)	1	2
physically attacks people	(0)	1	2
uses weapons when fighting	(0)	1	2
Total	3. 0		

4.	never	some-times	often
worries about being separated from loved ones	(0)	1	2
worries bad things will happen to loved ones	(0)	1	2
scared to sleep without parents nearby	(0)	1	2
overly upset when leaving loved ones	(0)	1	2
overly upset while away from loved ones	(0)	1	2
complains of feeling sick before separating	(0)	1	2
Total	4. 0		

5.	never	some-times	often
worries about doing better at things	0	(1)	2
worries about past behaviour	(0)	1	2
worries about doing the wrong thing	0	(1)	2
worries about things in the future	(0)	1	2
afraid of making mistakes	0	(1)	2
overly anxious to please people	(0)	1	2
Total	5. 3		

6.	never	some-times	often
no interest in usual activities	0	(1)	2
gets no pleasure from usual activities	(0)	1	2
trouble enjoying him/her self	(0)	1	2
not as happy as other children	(0)	1	2
feels hopeless	(0)	1	2
seems unhappy, sad, or depressed	(0)	1	2
Total	6. 1		

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Child and Youth General Screening Questionnaire

MR. FIDGETY

[redacted] Male ☑ Female ☐ Age: 17

Today's date: day 5 month 1 year 2019

Below are examples of problems which people sometimes have. Please circle whether each is NEVER true, SOMETIMES true, or OFTEN true of you.

1.	never	some-times	often
easily distracted, have trouble sticking to activities	0	1	(2)
fail to finish things you start	0	1	(2)
have difficulty following directions or instructions	0	(1)	2
impulsive, act without stopping to think	0	(1)	2
jump from one activity to another	0	1	(2)
fidget	0	1	(2)
Total	1.(10)		

2.	never	some-times	often
cranky	(0)	1	2
defiant, talk back to adults	(0)	1	2
blame others for your own mistakes	(0)	1	2
easily annoyed by others	(0)	1	2
argue a lot with adults	(0)	1	2
angry and resentful	(0)	1	2
Total	2. (0)		

3.	never	some-times	often
steal things at home	(0)	1	2
destroy things belonging to others	(0)	1	2
damage school or other property	(0)	1	2
broken into someone else's house, building or car	(0)	1	2
physically attack people	(0)	1	2
use weapons when fighting	(0)	1	2
Total	3. (0)		

4.	never	some-times	often
worry something bad will happen to people you are close to	(0)	1	2
worry about being separated from those you are close to	(0)	1	2
scared to go to sleep without parents nearby	(0)	1	2
overly upset when leaving someone you are close to	(0)	1	2
overly upset while away from someone you are close to	(0)	1	2
feel sick before being separated from those you are close to	0	(1)	2
Total	4. (1)		

5.	never	some-times	often
worry about doing better at things	0	1	(2)
worry about past behaviour	0	(1)	2
worry about doing the wrong thing	0	1	(2)
worry about things in the future	0	1	(2)
afraid of making mistakes	0	1	(2)
overly anxious to please people	0	1	2
Total	5. (9)		

6.	never	some-times	often
no interest in your usual activities	(0)	1	2
get no pleasure from your usual activities	(0)	1	2
trouble enjoying yourself	(0)	1	2
not as happy as other children	(0)	1	2
feel hopeless	(0)	1	2
unhappy, sad, or depressed	0	(1)	2
Total	6. (1)		

BCFPI YOUTH Self Report Brief Screen DRAFT ©BCFPI Inc. 2009 Page 2 of 2

MOTHER

[redacted] Male ✓ Female ___ Age: 17

Today's date: Day 5 Month 01 Year 2018

Relationship to child: MOTHER

Below are examples of problems which children sometimes have. Please circle whether each is NEVER true, SOMETIMES true, or OFTEN true of this child.

1.	never	some-times	often
distractible, has trouble sticking to an activity	(0)	1	2
fails to finish things he/she starts	(0)	1	2
difficulty following directions or instructions	(0)	1	2
impulsive, acts without stopping to think	(0)	1	2
jumps from one activity to another	(0)	1	2
fidgets	0	(1)	2
Total	1. 1		

2.	never	some-times	often
cranky	(0)	1	2
defiant, talks back to adults	(0)	1	2
blames others for his/her own mistakes	(0)	1	2
easily annoyed by others	(0)	1	2
argues a lot with adults	(0)	1	2
angry and resentful	0	(1)	2
Total	2. 1		

3.	never	some-times	often
steals things at home	(0)	1	2
destroys things belonging to others	(0)	1	2
engages in vandalism	(0)	1	2
broken into a house, building or car	(0)	1	2
physically attacks people	(0)	1	2
uses weapons when fighting	(0)	1	2
Total	3. 0		

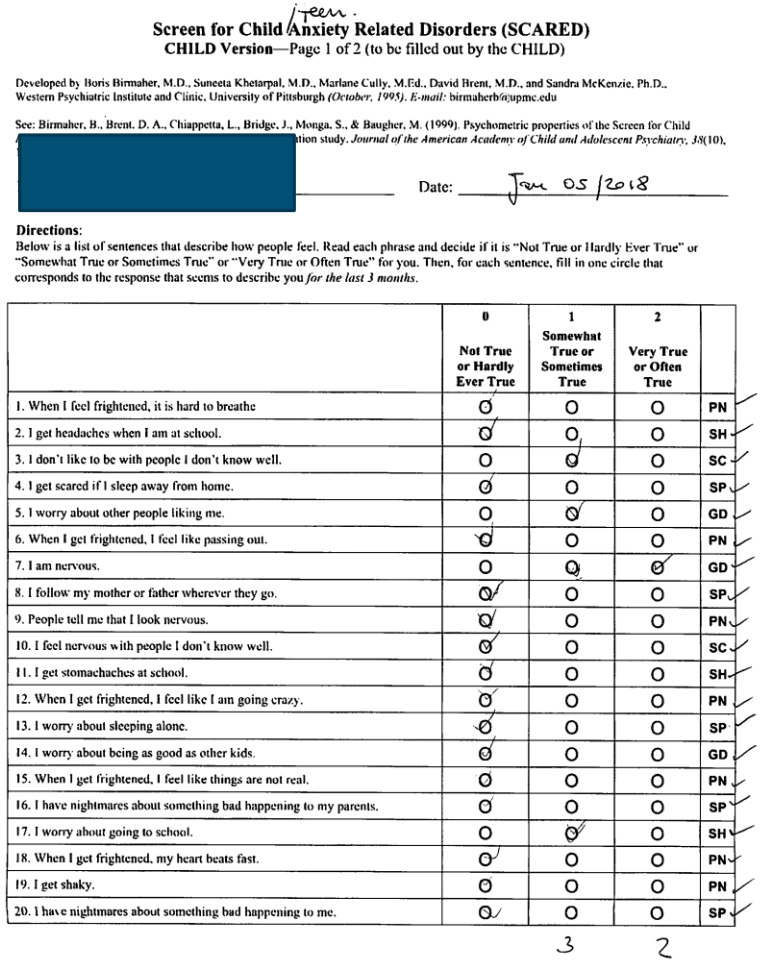
4.	never	some-times	often
worries about being separated from loved ones	(0)	1	2
worries bad things will happen to loved ones	(0)	1	2
scared to sleep without parents nearby	(0)	1	2
overly upset when leaving loved ones	(0)	1	2
overly upset while away from loved ones	(0)	1	2
complains of feeling sick before separating	(0)	1	2
Total	4. 0		

5.	never	some-times	often
worries about doing better at things	0	(1)	2
worries about past behaviour	(0)	1	2
worries about doing the wrong thing	0	(1)	2
worries about things in the future	(0)	1	2
afraid of making mistakes	0	(1)	2
overly anxious to please people	(0)	1	2
Total	5. 3		

6.	never	some-times	often
no interest in usual activities	0	(1)	2
gets no pleasure from usual activities	(0)	1	2
trouble enjoying him/her self	(0)	1	2
not as happy as other children	(0)	1	2
feels hopeless	(0)	1	2
seems unhappy, sad, or depressed	(0)	1	2
Total	6. 1		

BCFPI Parent Brief Pre-Screen ©BCFPI Inc. 2009 Page 2 of 2

SCARED Questionnaire



Screen for Child Anxiety Related Disorders (SCARED)
CHILD Version—Page 1 of 2 (to be filled out by the CHILD)

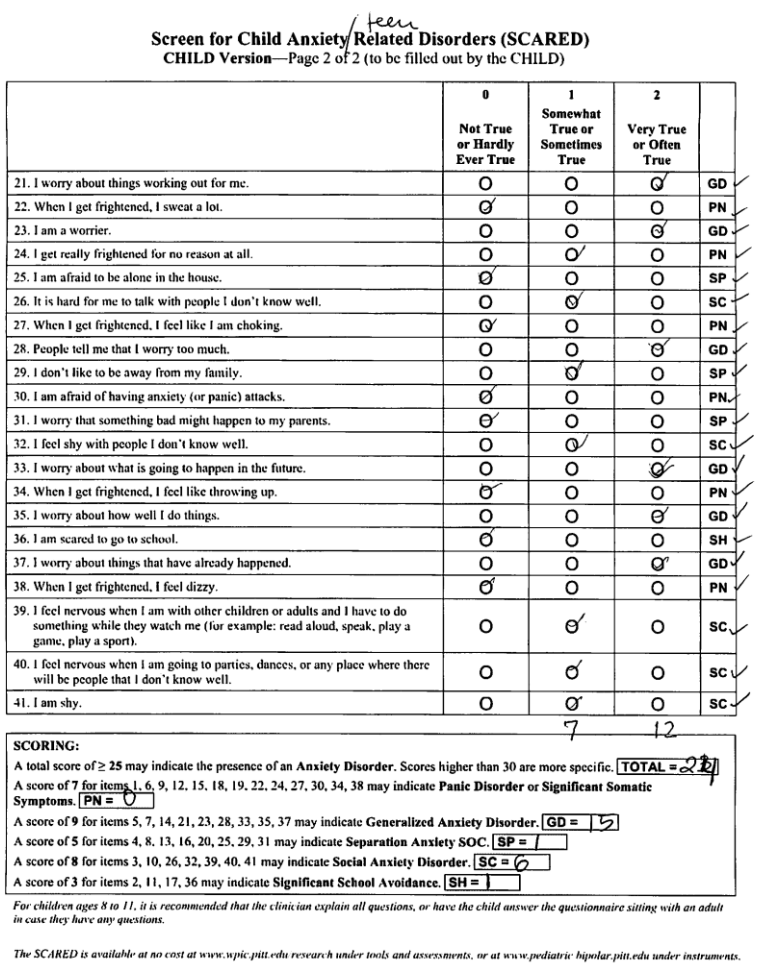
Developed by Boris Birmaher, M.D., Suneeta Khetarpal, M.D., Marlane Cully, M.Ed., David Brent, M.D., and Sandra McKenzie, Ph.D.,
Western Psychiatric Institute and Clinic, University of Pittsburgh *(October, 1995). E-mail:* birmaherb@upmc.edu

See: Birmaher, B., Brent, D. A., Chiappetta, L., Bridge, J., Monga, S., & Baugher, M. (1999). Psychometric properties of the Screen for Child
ation study. *Journal of the American Academy of Child and Adolescent Psychiatry, 38*(10),

[redacted] Date: Jan 05 /2018

Directions:
Below is a list of sentences that describe how people feel. Read each phrase and decide if it is "Not True or Hardly Ever True" or "Somewhat True or Sometimes True" or "Very True or Often True" for you. Then, for each sentence, fill in one circle that corresponds to the response that seems to describe you *for the last 3 months*.

	0 Not True or Hardly Ever True	1 Somewhat True or Sometimes True	2 Very True or Often True	
1. When I feel frightened, it is hard to breathe	O	O	O	PN
2. I get headaches when I am at school.	O	O	O	SH
3. I don't like to be with people I don't know well.	O	O	O	SC
4. I get scared if I sleep away from home.	O	O	O	SP
5. I worry about other people liking me.	O	O	O	GD
6. When I get frightened, I feel like passing out.	O	O	O	PN
7. I am nervous.	O	O	O	GD
8. I follow my mother or father wherever they go.	O	O	O	SP
9. People tell me that I look nervous.	O	O	O	PN
10. I feel nervous with people I don't know well.	O	O	O	SC
11. I get stomachaches at school.	O	O	O	SH
12. When I get frightened, I feel like I am going crazy.	O	O	O	PN
13. I worry about sleeping alone.	O	O	O	SP
14. I worry about being as good as other kids.	O	O	O	GD
15. When I get frightened, I feel like things are not real.	O	O	O	PN
16. I have nightmares about something bad happening to my parents.	O	O	O	SP
17. I worry about going to school.	O	O	O	SH
18. When I get frightened, my heart beats fast.	O	O	O	PN
19. I get shaky.	O	O	O	PN
20. I have nightmares about something bad happening to me.	O	O	O	SP
		3	2	



Screen for Child Anxiety Related Disorders (SCARED)
CHILD Version—Page 2 of 2 (to be filled out by the CHILD)

	0 Not True or Hardly Ever True	1 Somewhat True or Sometimes True	2 Very True or Often True	
21. I worry about things working out for me.	O	O	O	GD
22. When I get frightened, I sweat a lot.	O	O	O	PN
23. I am a worrier.	O	O	O	GD
24. I get really frightened for no reason at all.	O	O	O	PN
25. I am afraid to be alone in the house.	O	O	O	SP
26. It is hard for me to talk with people I don't know well.	O	O	O	SC
27. When I get frightened, I feel like I am choking.	O	O	O	PN
28. People tell me that I worry too much.	O	O	O	GD
29. I don't like to be away from my family.	O	O	O	SP
30. I am afraid of having anxiety (or panic) attacks.	O	O	O	PN
31. I worry that something bad might happen to my parents.	O	O	O	SP
32. I feel shy with people I don't know well.	O	O	O	SC
33. I worry about what is going to happen in the future.	O	O	O	GD
34. When I get frightened, I feel like throwing up.	O	O	O	PN
35. I worry about how well I do things.	O	O	O	GD
36. I am scared to go to school.	O	O	O	SH
37. I worry about things that have already happened.	O	O	O	GD
38. When I get frightened, I feel dizzy.	O	O	O	PN
39. I feel nervous when I am with other children or adults and I have to do something while they watch me (for example: read aloud, speak, play a game, play a sport).	O	O	O	SC
40. I feel nervous when I am going to parties, dances, or any place where there will be people that I don't know well.	O	O	O	SC
41. I am shy.	O	O	O	SC
		7	12	

SCORING:
A total score of ≥ **25** may indicate the presence of an **Anxiety Disorder**. Scores higher than 30 are more specific. TOTAL = 22
A score of **7** for items 1, 6, 9, 12, 15, 18, 19, 22, 24, 27, 30, 34, 38 may indicate **Panic Disorder** or **Significant Somatic Symptoms**. PN = 0
A score of **9** for items 5, 7, 14, 21, 23, 28, 33, 35, 37 may indicate **Generalized Anxiety Disorder**. GD = 5
A score of **5** for items 4, 8, 13, 16, 20, 25, 29, 31 may indicate **Separation Anxiety SOC**. SP =
A score of **8** for items 3, 10, 26, 32, 39, 40, 41 may indicate **Social Anxiety Disorder**. SC = 6
A score of **3** for items 2, 11, 17, 36 may indicate **Significant School Avoidance**. SH =

For children ages 8 to 11, it is recommended that the clinician explain all questions, or have the child answer the questionnaire sitting with an adult in case they have any questions.

The SCARED is available at no cost at www.wpic.pitt.edu research under tools and assessments, or at www.pediatric bipolar.pitt.edu under instruments.

March 27, 2012

SCARED Questionnaire Scoring

SCORING:

A total score of ≥ **25** may indicate the presence of an **Anxiety Disorder**. Scores higher than 30 are more specific. TOTAL = 22

A score of **7** for items 1, 6, 9, 12, 15, 18, 19, 22, 24, 27, 30, 34, 38 may indicate **Panic Disorder** or **Significant Somatic Symptoms**. PN = 0

A score of **9** for items 5, 7, 14, 21, 23, 28, 33, 35, 37 may indicate **Generalized Anxiety Disorder**. GD = 5

A score of **5** for items 4, 8, 13, 16, 20, 25, 29, 31 may indicate **Separation Anxiety SOC**. SP = 1

A score of **8** for items 3, 10, 26, 32, 39, 40, 41 may indicate **Social Anxiety Disorder**. SC = 6

A score of **3** for items 2, 11, 17, 36 may indicate **Significant School Avoidance**. SH = 1

SNAP-IV Questionnaire (completed by mother)

SNAP-IV Teacher and Parent 18-Item Rating Scale
James M. Swanson, Ph.D., University of California, Irvine, CA 92715

[redacted]

Gender: MALE
Class size: _____
Date: Jan 5, 2018

For each item, check the column which best describes this child/adolescent:

	Not at all	Just a little	Quite a bit	Very much
1. Often fails to give close attention to details or makes careless mistakes in schoolwork or tasks				
2. Often has difficulty sustaining attention in tasks or play activities	✓			
3. Often does not seem to listen when spoken to directly	✓			
4. Often does not follow through on instructions and fails to finish schoolwork, chores, or duties	✓			
5. Often has difficulty organizing tasks and activities	✓			
6. Often avoids, dislikes, or reluctantly engages in tasks requiring sustained mental effort	✓			
7. Often loses things necessary for activities (e.g., toys, school assignments, pencils or books	✓			
8. Often is distracted by extraneous stimuli		✓		
9. Often is forgetful in daily activities	✓			
10. Often fidgets with hands or feet or squirms in seat		✓		
11. Often leaves seat in classroom or in other situations in which remaining seated is expected	✓			
12. Often runs about or climbs excessively in situations in which it is inappropriate	✓			
13. Often has difficulty playing or engaging in leisure activities quietly	✓			
14. Often is "on the go" or often acts as if "driven by a motor"	✓			
15. Often talks excessively	✓	✓		
16. Often blurts out answers before questions have been completed	✓			
17. Often has difficulty awaiting turn	✓			
18. Often interrupts or intrudes on others (e.g., butts into conversations/ games	✓			

2

Case 1 – Mr. Fidgety Conclusions

- 17-year-old male, grade 12 student who consulted with concerns about being fidgety and having poor concentration for a long time, worse for the past one to two years
- Child and Youth general screening questionnaire completed by youth → High scores for ADHD and Anxiety disorder.
- Child and Youth general screening questionnaire completed by parent → All negative
- SCARED questionnaire= 24 points (more specific of an anxiety disorder >=25)

  Scored 15 which could indicate GAD
- SNAP-IV completed by parent = 2 points → Negative

Mentor Comments: Helen Spenser

- Importance of a ‘transition period’
- Comorbidity is common and the rule in Child and Adolescent psychiatry
- Importance of not confusing the two dx, Anxiety and ADHD
- Check report cards
- Look for past hx of transition problems
- Temperament of patient growing up (shy)
- Fam Hx of anxiety, ADHD (Mother is anxious, father has depression)

Case 2 – Mr. Veryscared

- A 46-year-old male diagnosed with chronic PTSD and MDD in his 20s. Since November 2017, depression severely exacerbated, without an obvious cause.

- Has history of childdood physical and emotional abuse by father and later looked after younger schizophrenic and violent brother who died by homicide in 2007. Brother assaulted him twice in the past, first with a bat and subsequently he bit him. One psychiatry hospitalization following brother's death.

- Since November 2017, severely depressed, poor sleep, very withdrawn, no appetite (lost 9 kg since September, 4 kg in past month), having more anxiety attacks.

- PHQ-9: 25 consistent with MDD, severe.

Case 2 – Mr. Veryscared (cont'd)

- Last worked in 2002, receiving CPP. Was working 4 h/week since 2015.
- Lives with younger sister who is divorced.
- Followed by psychiatrist until the end of April, has a community SW.
- Worsening of **anxiety after psychiatrist's retirement**
- Meds: Escitalopram 20 mg daily
  - Alprazolam 0.5 mg qid
  - Quetiapine 50 mg x 2 tabs qhs and 1 tab qam
  - Lorazepam 1 mg SL prn anxiety attacks
- No alcohol, no smoking, no street drugs

What To Do Now?

- Psychiatrist was reluctant to change any of the medications with the exception of increasing hs quetiapine.
- Quetiapine could be changed to 150 mg XR formulation and try to cut down on one dose of alprazolam.
- If not better, add mirtazapine 15 mg hs
- I don't feel comfortable with patient taking Alprazolam and Lorazepam. It does calm him down when he takes them.

Mentor Comments: Spencer Tighe

- Determine whether patient's anxiety stems from MDD or PTSD (when associated with MDD, anxiety improves with Rx of depression)
- Seroquel might not be effective in someone with MDD
- Concerns raised about inappropriate use of benzos, short acting and 2 different preparations, in this patient. Recommended switching to a long-acting benzodiazepine.

Colleague Mentee's Comments

- Escitalopram not enough to treat a severe and recurrent MDD
- Agreed with adding Mirtazapine given side effect profile
- Concerned about 'lorazepam and alprazolam' use; mentioned 'tolerance' and 'the anxiety cycle'
- Recommended to wait to strenghthen our relationship before making any changes in the benzodiazepines

Patient's last visit

- Patient was last seen on May 19. Had severe anxiety, fear of being ill and dying, afraid to come alone, scanning exam room.
- Again, lost 4 Kg in past month (-8 Kg in past 2 mo, -13 Kg since Nov
- Quetiapine changed to 150 mg XR formulation
- Added Mirtazapine 15 mg → 30 mg hs
- Would like to change Alprazolam to a long acting benzo

Collaborative Mental Health Network
A Mentoring Program

Impact on My Family Practice:

Sixteen year participation

Disclosure of Commercial Support

- **This program has received financial support from** Ontario College of Family Physicians CMHN **in the form of conference expenses.**

Presenter Disclosure

- Dr. Sabatino is a Family Physician in Ottawa
- Private practice for 26 years
- **Relationships with commercial interests: None**

Case Study

- 21-year-old woman
- In for routine pap and swabs

Follow Up Appointment

- **Results:**
  - Chlamydia positive
- Crying: stated feels unclean now
- She is not in a relationship
- Mentions late for her period
- Her mood has been up and down
- Treat the chlamydia:
  - Send for lab including BHCG

CMHN Impact

- Note **her mood is important** and follow up for a longer apt same week to discuss her mood and to go over lab results:

Follow Up Appointment

- Positive pregnancy test
- Has been pregnant 6 times
- Gone to Morgentaler Clinic TAs
- Told if she “keeps having abortions will never be able to get pregnant”
- Doesn’t know who the father is
- “Really stressed and emotional”
- Anxiety is bad

Mood Swings and Irritable

- Age 14 started: like a switch
- Periods of time everything is good
- Lots of energy: wants to spend all her money
- Colors hair and tans got tattoos couldn't afford: everything is good
- Thoughts are racing

- Lost friends
- Got evicted because didn't pay bills “blowing it off like it was nothing”
- States usually a responsible person usually but not then
- Knows behavior’s are wrong
- This will last for several months

Followed By

- Guilt and remorse about the behaviors
- Feels miserable
- Feels lonely: feeling empty, heart hurts
- Hard to see her family
- Keeps to herself: affects her work
- Hard to focus and concentrate. Hard to do the simplest things.

- Body wants to curl up
- Sleeps a lot and has no energy
- Feels not loved by anyone and low self esteem
- Never suicidal
- Feeling lasts for a few months

Ongoing Anxiety

- No triggers and it can happen at home or outside the home
- Heart racing, can't breath, hands sweaty, lips tingling, feels will throw up often does
- Feels like she is dying
- Occur almost daily
- Always worried it will happen again
- Stopping her from going places
- Getting worse

- Breaks down and cries
- Sick of feeling like this
- Coping with ETOH
- Uses marijuana daily to help calm her

Personal History

- Eldest of 2 children
- Single: history of abusive relationships
- School: miserable, dropped out: couldn't focus on anything
- "Look at stuff: no clue what this is - sweat and get anxious and finally quit"
- Has grade 11 education
- Started working at 16-years-old
- Got her own place to live at 17-years-old
- Current job at a tanning salon

- A friend's sister is Bipolar and she sounds a lot like her
- Wants to know more about it
- I reviewed with **DSM IV** diagnostic criteria for **Bipolar Affective Disorder**
- "Oh My God, it is so me - like took what I want to say and made it medical"
- **My thinking:**
  - This is a vulnerable young woman
  - Her erratic and aggressive behaviors place her in harms way and makes her very hard to deal with

Assessment

- Probable Bipolar Affective Disorder
- Probable Anxiety and Panic Disorder
- Possible ADHD or LD
- Probable Borderline Personality Disorder
- Substance use issues
- It would have been easier to deal with only the physical issues:
  - Pregnancy, Chlamydia, Birth Control and Counsel re STIs

My Feelings About The Case

- Stressing the importance of dealing with mental health issues
- Be nonjudgmental and compassionate
- But I want an Urgent Psych referral
- She needs a Professional: Out of my league
- I don’t have the expertise to help her
- Get a Psychiatrist to see her
- Feel like I’ve won the lottery

Psychiatrist sees her!!!

- Diagnostic impression
- Axis I
  1. Dysthymia
  2. Rule out possible bipolar disorder
  3. Relationship issues
  4. Marijuana use disorder
- Axis ll - rule out borderline personality dysfunction
- Axis lll - the patient is currently pregnant but expects to terminate the pregnancy in the near future
- Axis IV - moderate stressors
- Axis V - current GAF is 50

Appropriately States

- Premature to diagnose the patient with a bipolar disorder
- Given history of ongoing substance use
- Her underlying coping mechanism
- Her mood reactivity in response to perceived stresses or rejections
- It may be more in keeping with a Borderline Personality Disorder
- Given a prescription for escitalopram

- She has an abortion at the Morgentaler Clinic
- I see her after this (emotional visit)
- I’m comforted because she is now under the care of the psychiatrist

One month later, I get a call from the psychiatrist

- My patient is angry threatening yelling and left an appointment
- Would be better served in a hospital setting
- “She is discharged”
- She is my sole responsibility again

Next Visit

- Stopped the medication
- Felt worse on the medication
- Feeling "nut so“ - like last summer: at night no sleep “like party party“ and with male friends have sex
- Almost killed herself
- Wants lithium
- Wants a referral to ROH
- Grandpa: will help with medication cost

- Speech: loud
- Behavior: psychomotor agitation
- Mood: depressed anxious angry
- Affect: labile sad, irritable
- I agree with a referral to ROH
- Going to Lithium is a concern because of side effects
- Discussed trying Seroquel for sleep
- She was angry with me and the psychiatrist

- I reinforced I'm on her side
- Agree she is not well
- Told her I think that psychiatrist was reacting to her behaviors
- She apologized after saying she just can't control it “gets mean“
- Start: Seroquel 25 mg 2 tabs qhs

Put In The Referral to the ROH

- Again, hoping for guidance from someone else better qualified than me to see her
- The referral to the ROH is made in is Aug
- Late April before she is seen at the ROH

During This Time

- Still trying to get her to see gynecologist regarding IUD
- She misses the Gynecologist appointments because she is disorganized
- Loses her phone, finds her phone
- Loses her health card, finds her health card
- Loses her job
- Parents take her in
- Suggest she apply to Social Services.

- Keep bringing her in despite emotional out burst, which includes:
  - Throwing her phone in anger
  - Ripping up prescriptions in anger
  - Yelling and so on
- When we reach her she always comes for appointments
- Still dealing with a lot of anxiety and panic attacks
- Starting to open up a bit about her past

Moving Forward In Time

- Increase the Seroquel XR to 200 mg
- She's starting to settle. I'm pretty sure she has Bipolar Affective Disorder.
- Eventually I start her on Lithium and get to 300 mg tid and up to 600 Seroquel XR in the morning and 50 mg HS
- I'm concerned about the dose of Seroquel and about having had to start her on lithium

CMHN Impact

- Present her to group 10 meeting
- Dosing her lithium 1x/day not tid as hard on the kidneys
- For Bipolar Seroquel doses can be higher than what she is on
- Review predominant symptoms
- More Cluster B than Bipolar

- Focus on Borderline Personality Disorder
- Past conferences presentations on BPD
- Emotional Dysregulation Disorder. Focus on what the behavior is representing.
- Not reacting to the actual behavior
- So I'm willing to set limits and be compassionate and keep calling her back in
- I try to introduce concepts of grounding, mindfulness (we were introduced to Mindfulness and CBT CMHN conference)

CMHN Impact

- Just as I'm beginning to think this a futile exercise, we have CMHN conferences in Toronto
- Spoke to one of the psychiatrist at the small table sessions
- He said seeing her regularly allows you to model good attachment behaviors
- Encouraging words at the right time allowing me to continue

Moving Forward In Time

- We've established some rapport feels she can talk to me because I'm "not judgmental"
- April is seen at the ROH
- Meds at that time:
    1. Lithium 900 mg qhs since September 2015
    2. Seroquel 100 mg qhs
    3. Effexor 75 mg daily since January 2016 (for Anxiety Sx Depression)

ROH Visit

DIAGNOSIS:

- Axis I: Bipolar disorder is a good possibility
  - Panic attacks
- Axis II: Deferred
- Axis III: None identified
- Axis IV: She is on Ontario Works and she lost her job
- Axis V: 55

- **Discontinue** Lithium as can cause thyroid problems
- Latuda, a mood stabilizer starting with 20 mg daily
- Effective for depression of bipolar disorder
- Continue Effexor and increase the dose depending on the symptoms of depression in the future
- Continue Seroquel 100 mg qhs that should help her with her sleep

- She wiill see her here for follow-up until she is stable on medications and also get her
- Connected with bipolar CBT group long waiting list
- **I’m reassured she is now seeing a specialist**

Moving Forward In Time

- Overtime however she stops going to the ROH
- Runs into more trouble
- Comes back to see me
- There's an attachment and trust that has developed over time so feels comfortable seeing me

CMHC Impact

- I may not be the most qualified person for her psychiatric care but I'm the one who is entrusted with it by her
- Because of the CMHN I'm willing to keep trying

Summary Influence Of CMHN

- Increased my capacity and confidence
- Allowed me access to specialist advice
- Enhanced my personal experience in dealing with mental health issues in the community
- Added emotional support
- Gained a lot of knowledge over the 16 years
- Allowed me to care for difficult patients when there is no other professional option for them

ONTARIO COLLEGE
OF FAMILY PHYSICIANS
Collaborative
Mentoring Networks

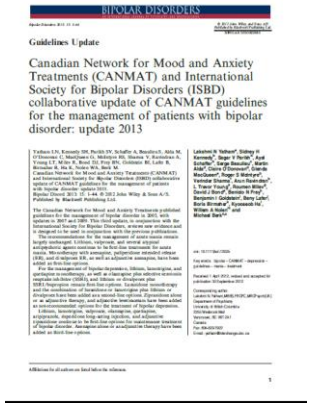
Breakout Discussions

Breakout Groups to join

Questions?

References & Resources

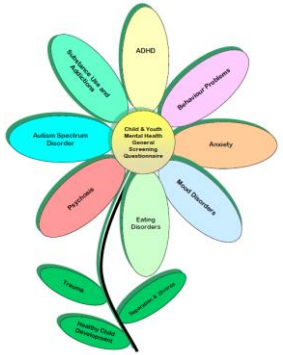
2018 CANMAT Bipolar Guidelines


BIPOLAR DISORDERS

Guidelines Update

Canadian Network for Mood and Anxiety Treatments (CANMAT) and International Society for Bipolar Disorders (ISBD) collaborative update of CANMAT guidelines for the management of patients with bipolar disorder: update 2013

http://www.shared-care.ca/toolkits



Thank you!

Case 2

16 year old male with Sx of depression and anxiety

Visit with mom:

concerned about a depression

skipping school

trouble waking up

not taking care of personal hygiene

cooped up

not interested in sports:

not cleaning room:

not been to class x 4 days: he lies about it

On the computer: video games and she found porn

He said he wasn't but found it

Grade 11: not going to school:

Not dating:

No Alcohol (brother is older so may have a drink rarely)

No social connection: withdrawn

He has difficulty processing: comes all out as anger

He said: don't think past today:

She was concerned? Suicide

Looking For a Path for Support:

Dad won't be willing to accept: a Dx of any Mental Health Related Illness

Visit With Patient:

Reason for the visit:

Mom thinks he's depressed

He’s Quiet

I ask if can go through some questions concerning depression: Yes

Mood feels sad empty hopeless

Irritable

Used to like drawing: still goes to art class hard to do it

Decreased appetite

Can't get to sleep mind racing 1 hr

Can't get up: once awake tired can't get out of bed

Feels sped up nearly every day

Loss of energy

Diminished ability to think concentrate indecisiveness nearly every day

NO Recurrent thoughts of death

NO suicidal ideation

Cause clinically significant distress:

YES NOT GETTING TOGETHER WITH FRIENDS

Grade 11:

all right so far:

co-op in morning and math:

Co-Op with Uncle : metal salvage: ok

missed a ton of classes:

going is upsetting: too tired

For months:

lower and lower mood :

worry more and anxious:

no cutting:

no drugs

not drinking

no porn

no dating

Obsessional thoughts: Wouldn't say

I gave example of an obsessive thought like fear jump off a bridge or hurt someone: often

Would not say what it is

Moving leg up and down helps with the: thoughts:

Upsetting

not hearing or seeing things:

Identifies as straight

no extreme mood changes high ore irritable

no improvement in energy even after the walking at the co-op

Middle child of 3: older brother and younger sister.

Parents are divorced and kids alternate places.

PMHx:

Minor Head injury: concussion: 8/11/13

Juvenile Migraines: 2007

Meds:

Amitriptyline 10 mg 2-3 tabs qHS for migraines

Zomig Rapid Melt prn

Mental Status Exam

Alert Oriented to: person place time

General Appearance: Well groomed

appeared his age

Attitude: guarded

Behavior: psychomotor retardation

Speech: quiet actually does not say much

Mood: depressed

Affect: blunted/flat sad

Thought Processes: seem normal

Thought Content: ? preoccupations obsessions ?

No Suicidal Ideation

Hallucinations: none

Attention: impaired Memory: ? impaired

Knowledge: appropriate Abstractions: intact

Intelligence: AV Insight/Judgment: Fair

Therapeutic Alliance: good to fair

Capacity for psychotherapy: refused talking to anyone

Probability of taking medications: would think about medication.

PHQ: 20

0 on suicidal thoughts

GAD -7: 19 : very difficult

Sheehan Disability:

Work: 8/10

Social Life: 7/10

Family Life/home: 7/10

Days lost: 3

Days under productive: 5

Family Hx : mom and uncle some episodes of depression

His mom did well on Wellbutrin in the past

Grandfather Bipolar 2

Assesment:

Major Depression

? Anxiety ?OCD

P: discussed seeing someone to talk about his feeling

Doesn’t want to talk about it with anyone:

Discussed medication: may consider it.

Not suicidal:

Can I discuss with him and his mom? : **No**

info given ementalhealth, Mood Gym, Anxiety BC Mood, Youth services Crisis line

F/U in 10-14 days

CMHN Impact :

I have a probable diagnosis: Now What**?**

He doesn't talk:

I send out the question:

How do I approach the next visit?

He did not book a F/U so we called and asked if he could come in: Mom booked an apt . I don't know what to do next. I think my best bet is to try him on medication.

His mom did well on Wellbutrin in the past

CMHC Impact:

Thought I would just cut and paste some of the responses:

CMHC gives access to different mentors and each one is unique

Allows for more varied perspectives and solutions

Responses:

Medico legal perspective you have asked about suicide and wish to harm others to determine if he is certifiable

the grandfather diagnosed with bipolar as a teen? Is there any closer family bipolar of depression?

check about a primary learning disability with secondary depression

getting more of a history of type of school difficulties and is there a family history of same?

Any bullying or abuse?

Is there any comorbid anxiety

Wellbutrin would not likely be my first choice in a 16 year old

need more info before recommending

medication

Other Response:

Consider differential of sadness.

make sure it is not part of a bipolar disorder, and would screen for past hypomanic episodes.

screen for Dysthymic Disorder

Be specific re: which anxiety disorder

this would have to be screened for.

length of time of the anxiety issues,

see if they preceded or were starting along with the clinical depression.

address psychosocial issues with the patient, including how are things going with his parents, how is it to alternate places.

How is it with friends, how are things with school

There is no dating … how he feels about that as well

If start a medication consider fluoxetine, and start at 10 mg. po qam, and go up by 10 mg. q3-4 weekly, depending on response.

note in chart that we had discussed stopping the pill and contacting the office if he feels increased suicidal thoughts.

Other Response

Hone in on the difficulty with alliance.

What options are there for trying to connect more with this pt., or help the mum connect more with him?

Is there SOMEONE in the story to enlist on his behalf?

Maybe where he goes to the co-op, if he's still going there?

Could they frame some health care contact as relevant at the co-op performance vs 'what mum wants'?

There's what to do with the disorder, but there's also how to create a space where you even have the 'access' required to get another mood (or ADD) measure done

CMHC Impact:

Reframe the visits:

Find out about him, his life

Build the therapeutic alliance

Focus on **his** wellbeing

Clarify diagnosis

Know what to start him on if I need to

Charting advice.