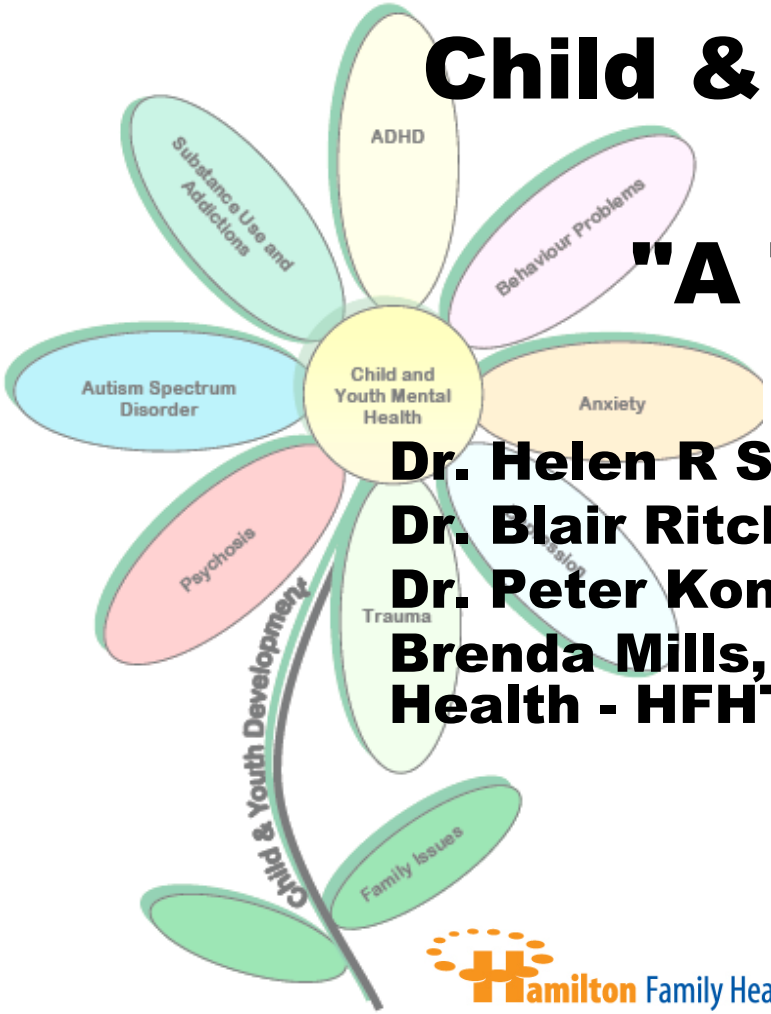
Practical Approaches and Solutions for Child & Youth Mental Health In Primary Care "A Tale of Two Cities"



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Brenda Mills, Coordinator Child & Youth Mental Health - HFHT

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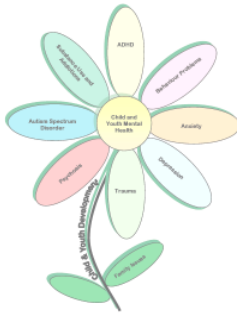
CHEO

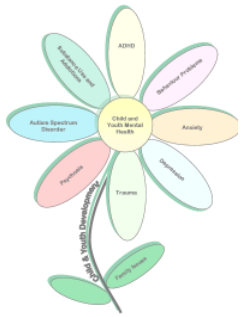
Background to toolkit

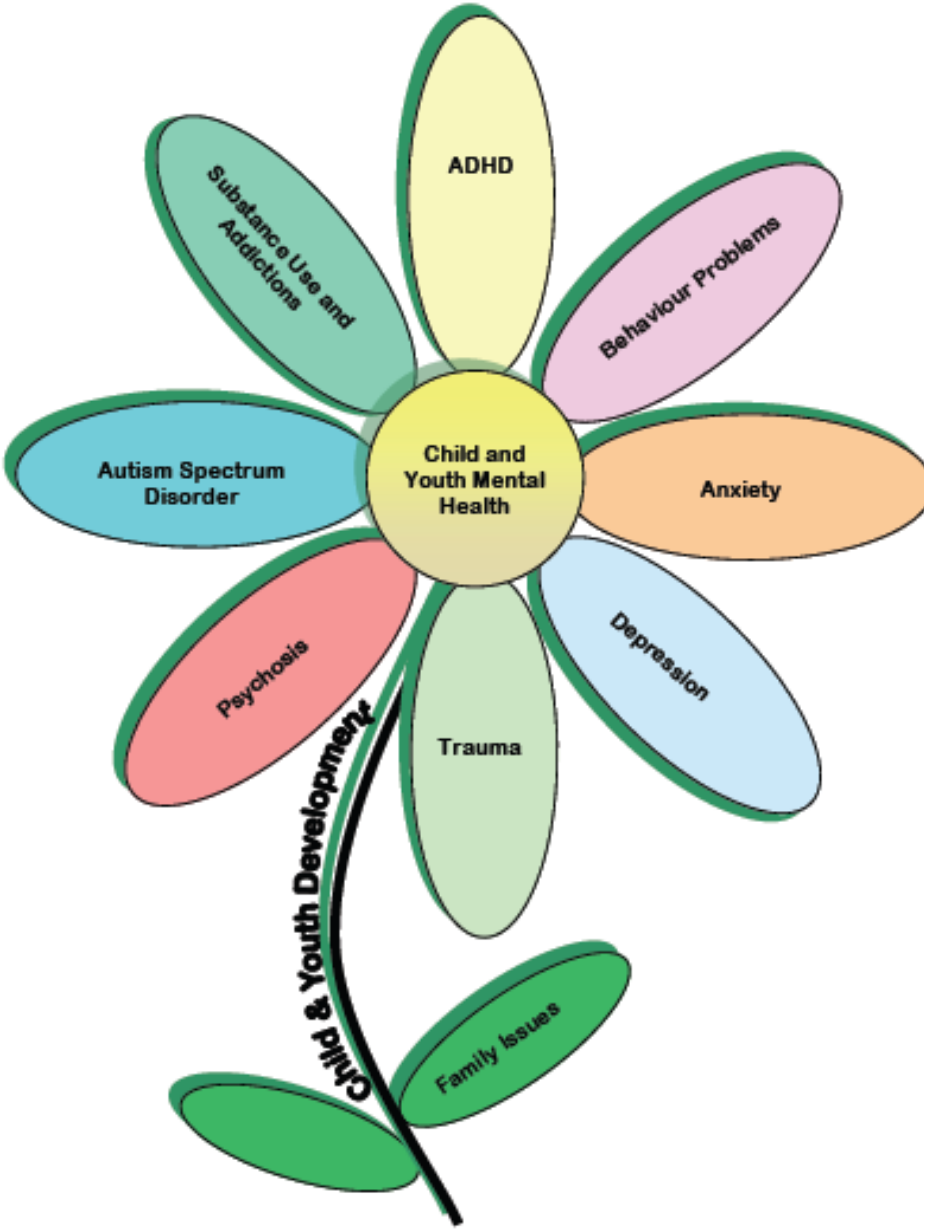
- Canadian Collaborative Mental Health Initiative Child and Adolescent Toolkit,out of date
- Past Shared Care Conferences included Child and Adolescent clinician's breakfasts
- Presentation of specific programs in child and youth mental health across Canada
- 2010 conference Hamilton and Ottawa programs combined to provide practical tools for mental health clinicians

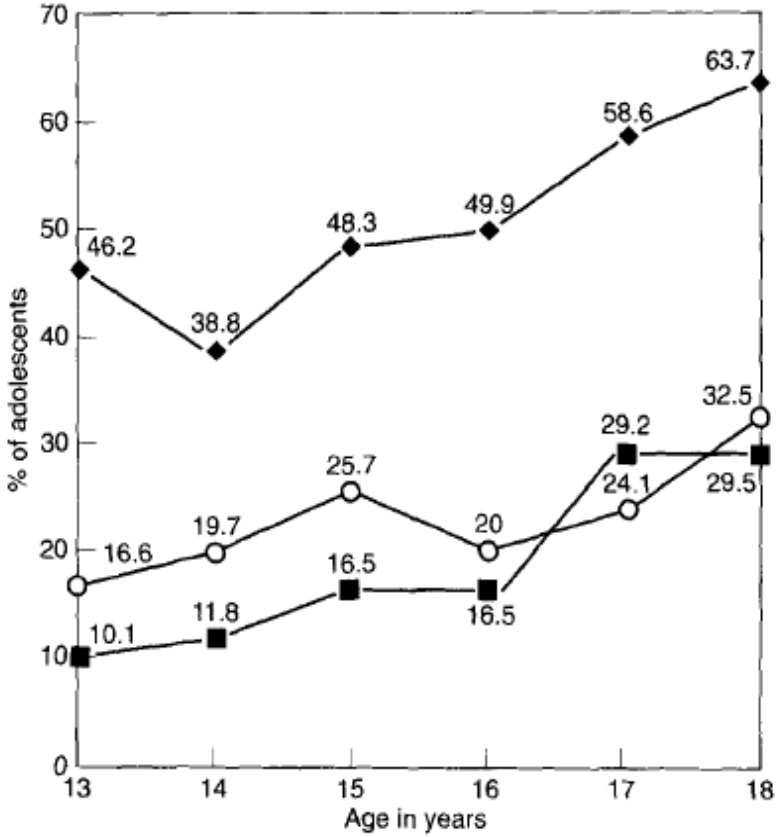


Goal of OM Toolkit

- Flower with petals stem and leaves indicating common diagnosis in child and youth mental health
- Flower with petals illustrates that co-morbidity rule rather than exception in children's mental health
- Petals allow clinician to click on most likely diagnosis
- Epidemiology, Information about identification and management of each mental health diagnosis
- Available resources for clinicians and families,




ADHD
Substance Use and Addictions
Behaviour Problems
Autism Spectrum Disorder
Child and Youth Mental Health
Anxiety
Psychosis
Depression
Trauma
Child & Youth Development
Family Issues



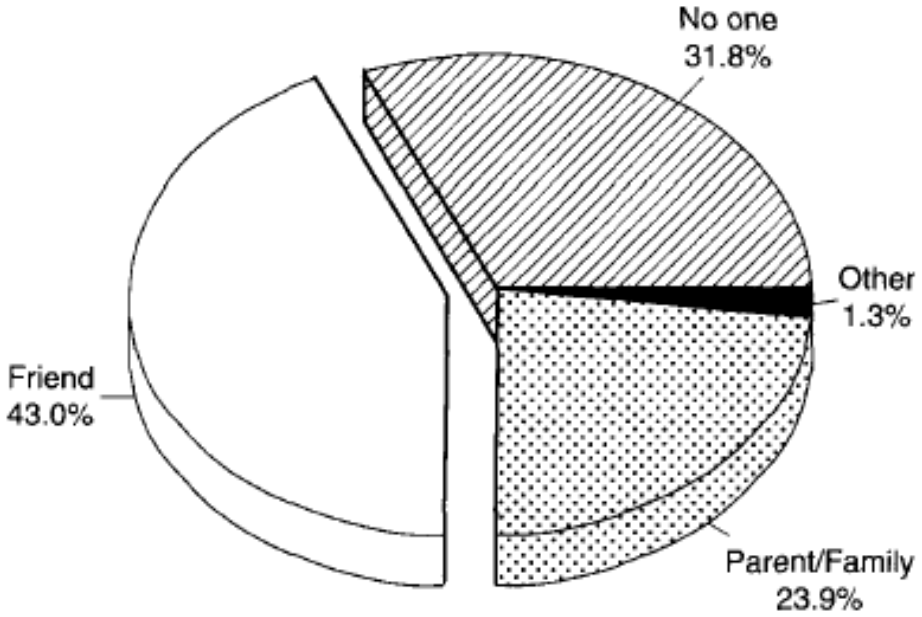
- Telephone survey of 800 youth across Canada in 1993
  - Significant distress
  - Serious emotional problem
  - Suicidal ideation

(Davidson & Manion, 1996)

Children and Youth Mental Health Needs

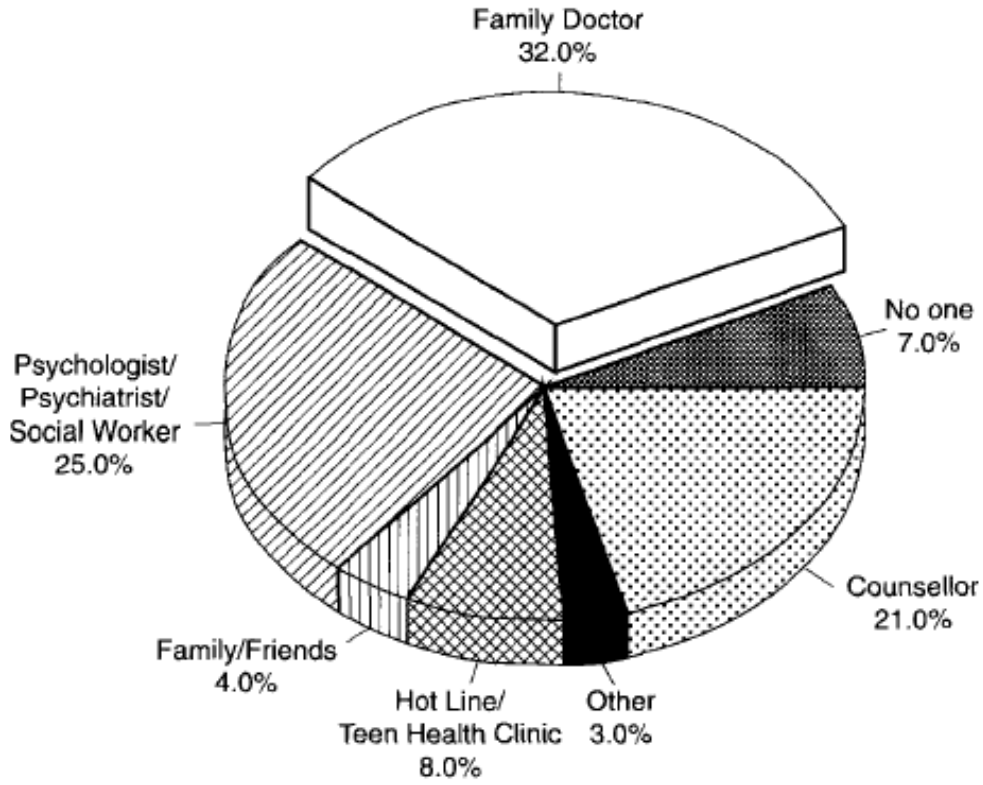
- **Almost 80% of children and youth not receiving mental health care they need (Kataoka et al., Am. J. Psych., 2002)**

Person Youth Would Most Likely Discuss a Problem With



(Davidson & Manion, 1

Which Professional Would They Most Likely Approach



(Davidson & Manion, 1996)

Availability of Child and Youth Psychiatry in Ontario

- **Small number of psychiatrists to children with mental health problems (1:6148)**
- **Most child psychiatrists practice in large cities with medical schools**
- **Significant proportion of child psychiatrists are approaching retirement**

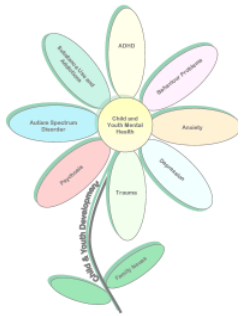
(Steele & Wolfe, 1999)

How do FPs feel about child and youth mental health issues

- 242 FPs in Southwestern ON responded to a survey about CAMHS
  - Minimal training in CAMHS with 80% not feeling confident in their abilities and 84% wanting more training
  - Top 3 areas identified included behavioural problems, ADHD, and problem adolescents
  - Top training options: community CME, small group session with child psychiatrist, self-instructional

  (Steele, 2003)
- Similar findings in BC and UK

  (Miller, 2005; Salt, 2005; Montoliu, 2002; Bryce, 2000)



Summary of projects in child and youth shared care in Canada

Ottawa, ON

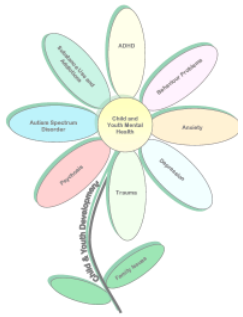
- Dr. Davidson et al. in an unpublished work from 1999 surveyed family medicine residencies about training in C&A MH
- Dr. Spenser: Educational needs assessment for urban and rural primary care clinicians in Eastern ON (2000)
- Dr. Spenser et al. the CHAT project integrated paediatrician into 5 member mental health team and surveyed MH clinicians and paediatricians (Spenser, 2009)
- Dr. Palframan working in academic family health team for years doing assessments with family medicine residents
- Paediatric Mental Health Clinic

London, ON

- Fisman et al. studied CAMH teaching introduced to 5 academic family medicine centers for FM residents in starting as early as 1991 (Fisman, 1996)
- Steele & Dickie surveyed family medicine residency programs re C&A MH training (1997)
- Stretch et al. evaluated CME to rural FF in southwestern ON (2009)

Calgary, AB

- Dr. Harold Lipton is currently working on the 3rd edition of the Healthy Minds/Healthy Children desk manual for primary care, a capacity-building project
- Child and Adolescent Shared Mental Health Care, Alberta Health Services, Calgary Zone
  - An urban program co-manged by Dr. Harold Lipton
- Dr. Joan Besant does indirect phone consults with family doctors

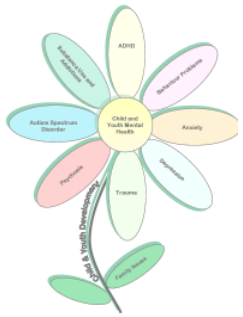


- Toronto
  - Hincks-Dellcrest and Barrie Ontario
- British Columbia
  - Dr. Terry Isomura
- Montreal
  - Dr. Lucie Nadeau

We invite you to put projects from your area on the map!

The Paediatric Mental Health Clinic

- Drs. Clare Gray, Helen Spenser, and Blair Ritchie started working together in the Summer of 2009 to develop a paediatric shared mental health care clinic
- Weekly half day clinic: case based teaching and see a patient and family for assessment with family medicine residents present
- We added to a list of resources each week and e-mailed this out to residents and staff



- The purpose of this clinic is to teach future family doctors about child and youth mental health and to provide psychiatric assessment and support to the family health team and their patients
- We have met 38 family medicine residents and seen 21 patients and their families

Evaluation

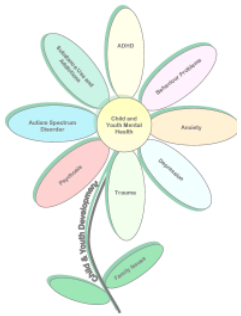
- Survey of residents
- 34% response rate
- Residents saw 15 children/month and estimated that 23% had mental health concerns
- All residents had seen patients with ADHD
- Most comfort with identifying and treating ADHD with medications
- 86% had not used C&AMH resources before our sessions
- Over 90% satisfied or very satisfied with the sessions

Hamilton Family Health Team Integrating Child & Youth Mental Health Into Primary Care

Brenda Mills – Coordinator
Kate Jasper - C&YMH Counsellor
Ted Ridley - C&YMH Counsellor
Dr. Peter Kondra – C&Y Psychiatrist

Overview & Objectives

- **Child & Youth Mental Health Initiative - model of care**
- **Program evaluation process**
- **Outline key components of the evaluation findings**
- **Share lessons learned**



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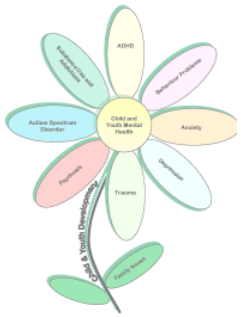
C&Y MHI Development

- **Funded by MOHLTC for 2 yr. "pilot"**
- **Population – 0 to 18yrs.**
- **Staffing (Coordinator + 2. FTE C&YMH + .2 C&Y Psychiatry)**
- **"Pilot site" selection (34 FP, 17 FP teams)**
- **Identify the needs of practice team and patient population**



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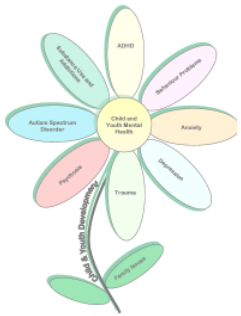
C&YMH Initiative Goals

- **To increase access to C&Y mental health services**
- **To increase capacity in C&Y mental health within primary care**
- **To increase detection of C&Y mental health problems**



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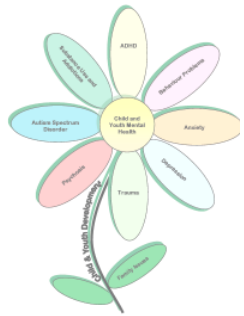
Implementation

- **Variety of Services – Flexible**
- **Develop resources and clinical "tools"**
- **Support practices in system redesign**
- **Evaluate**



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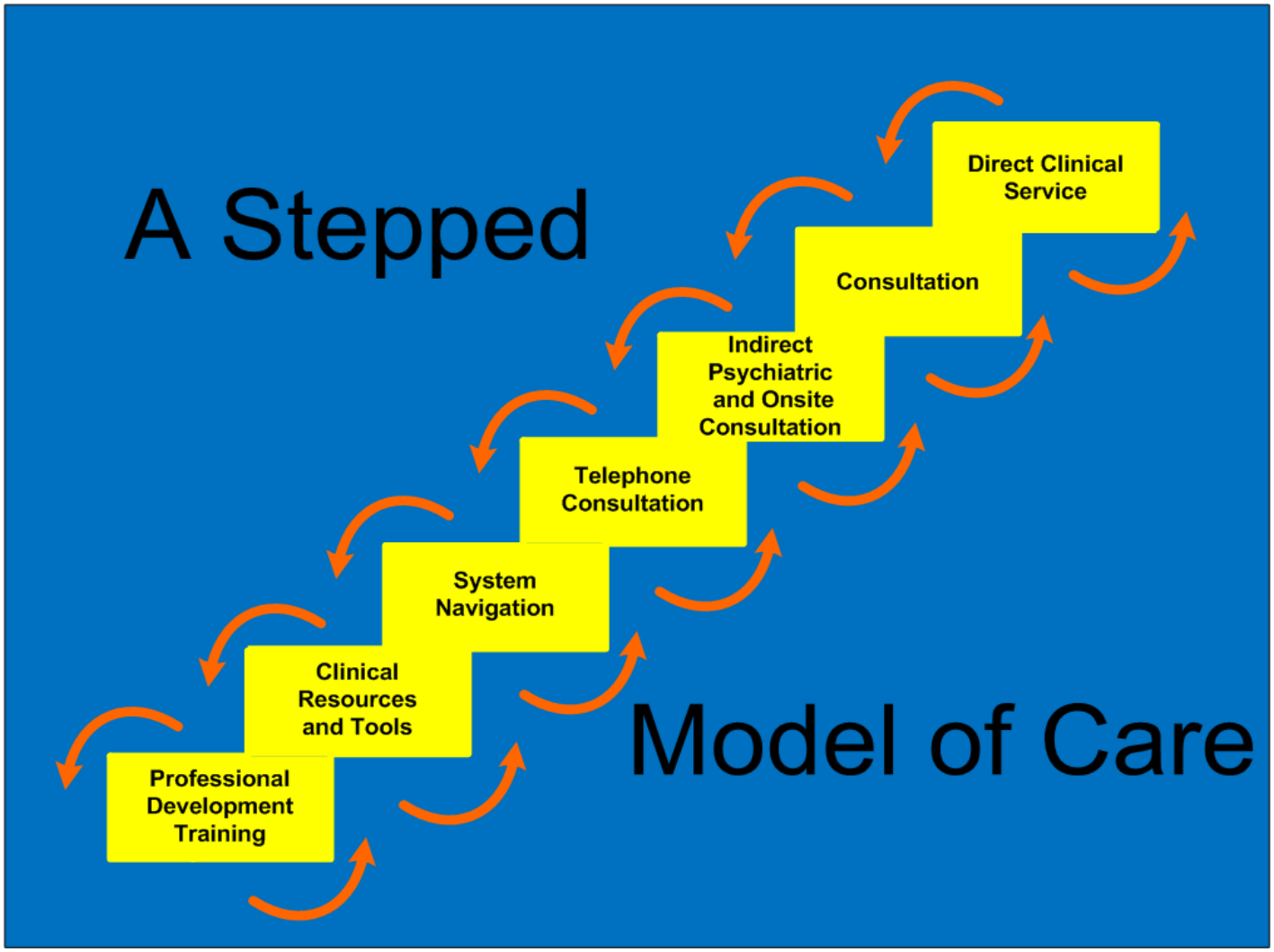
A "Stepped" Model of Care



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Evaluation Objectives

- **To evaluate the effectiveness of the capacity building "stepped approach" model.**

- **To determine if a "toolkit" of clinical tools and resources assists primary care practices to implement changes in their practice.**

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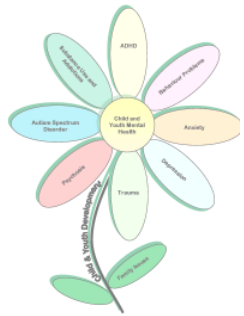
Evaluation Methods

- **Qualitative & Quantitative**
- **Process & Outcome Measurement**
- **Multiple informants**
- **Convenient**



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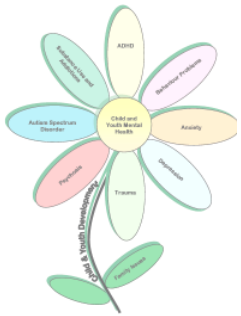
What did we discover?

Patient Related Impacts

- **High degree of satisfaction**
  (89%) Very Helpful – (11%) Helpful
- **Convenient**
- **Trust was enhanced by FP recommendation**
- **Patient resources were helpful**
- **Family practice is supportive environment**



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What Caregivers Said -

"...I found it quite easy to get the child and youth worker counsellor because they are right there with the doctor's office, and the doctor had recommended it and I trusted the doctor - that they would provide somebody that would be of assistance to my children at that time." (P1)

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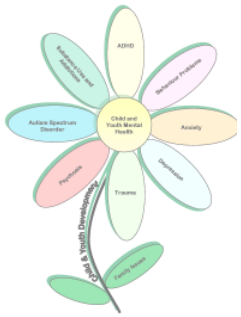
Increasing Access:

- 1st yr. of pilot – 230% increase in C&Y seen in PC
- 2nd 16% increase in C&Y (1239) receiving mental health care in 1yr period
- 53% increase in referrals to C&YMHC



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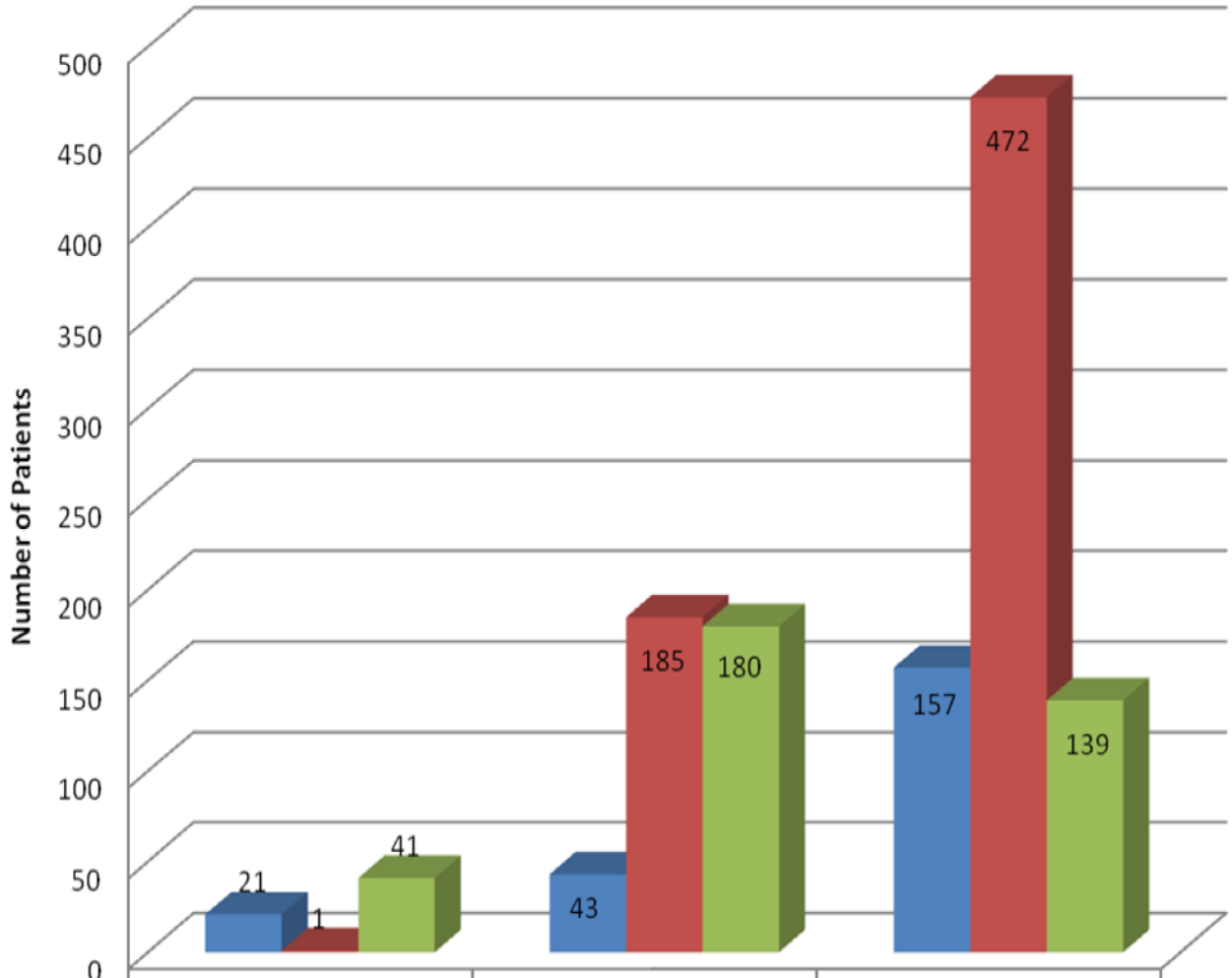
Number of patients seen by general mental health counselors and by C&Y mental health counselors in 2008



	0-5 years old	6-12 years old	13-18 years old
General MHC at pilot sites	21	43	157
General MHC at nonpilot sites	1	185	472
C&Y MHC	41	180	139

*Total number of C&Y seen by MHC: 879

*Total number of C&Y seen by C&Y MHC: 360

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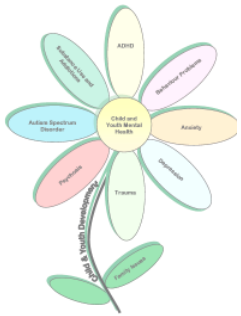
C&YMHC Consultation:

- C&Y Telephone Hotline
- 87% increase in consultations between the MHC & C&YMHC
- 100% increase between FP & C&YMHC



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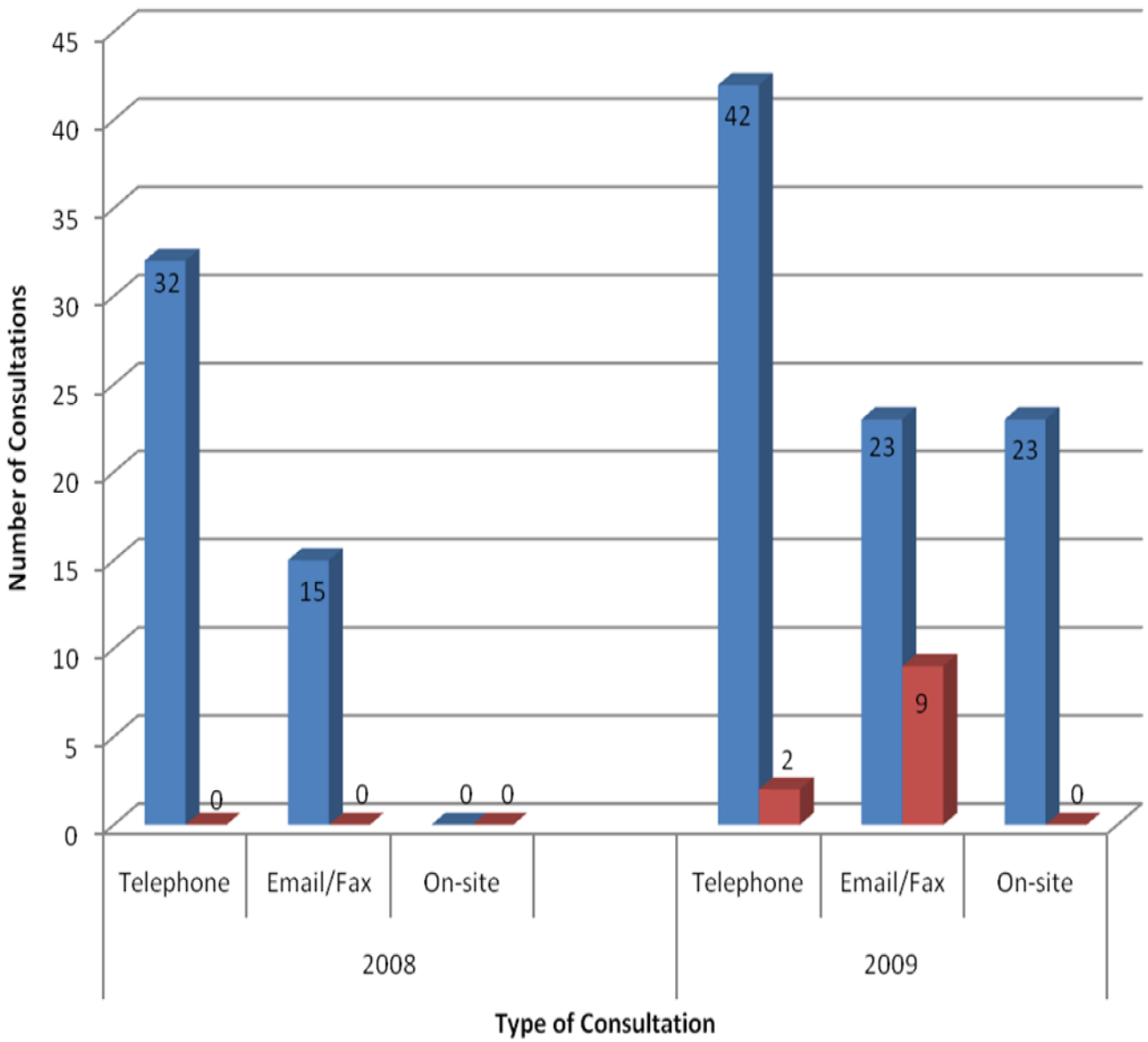
Consultations between C&Y MHC and general MHC or C&Y MHC and family physician



Percentage increase in consultations for MHC: 87%

Percentage increase in consultations for family physicians: 100%

Overall increase in consultations: 111%

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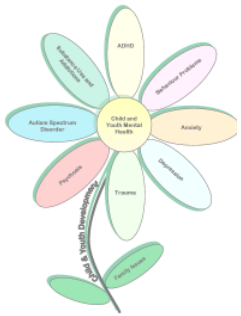
C&Y Psychiatric Consultation

- Telephone or fax
- 88 psychiatric consultations
- 2 or more co morbid conditions reported in 73% of psychiatric consultations



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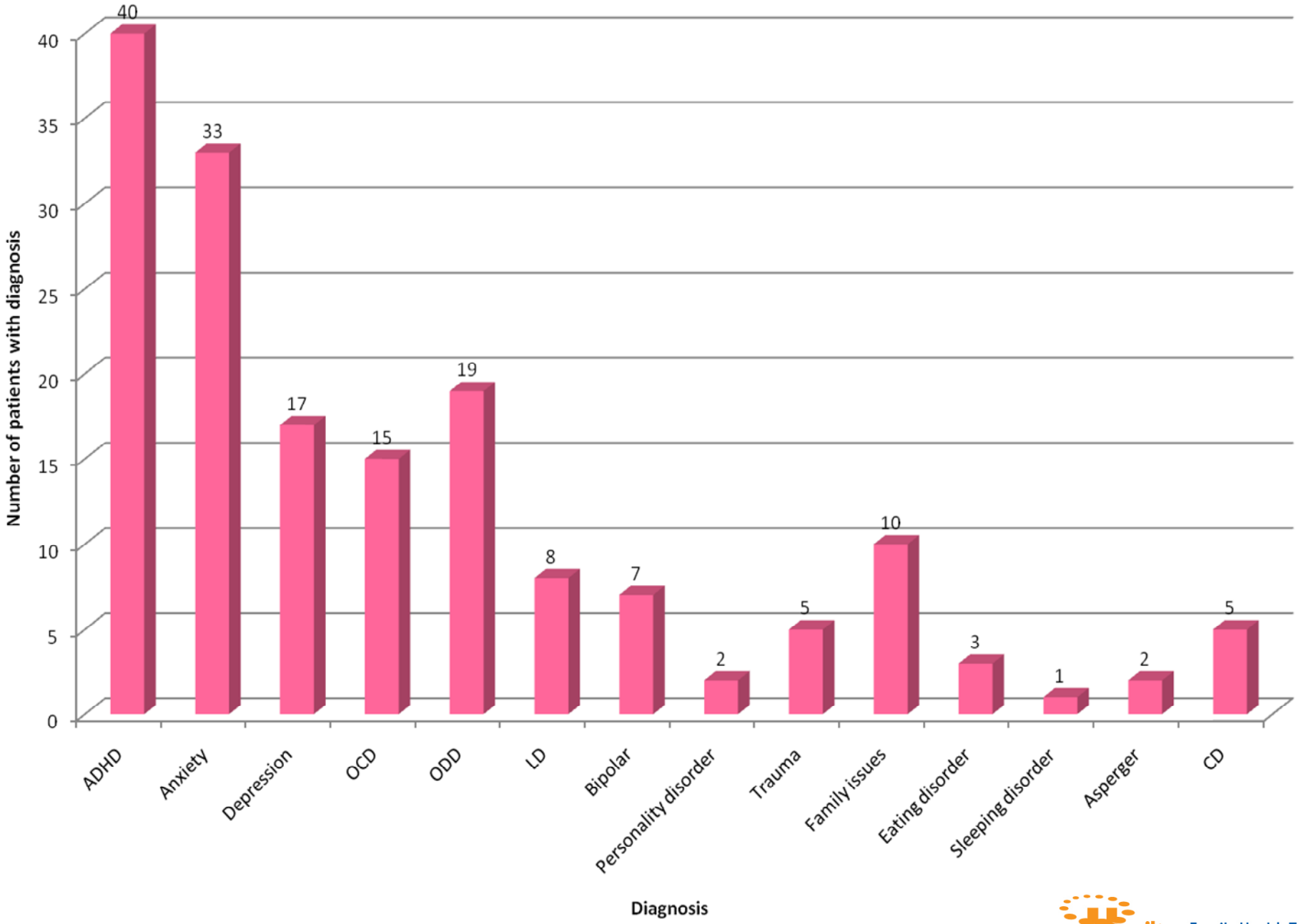
Consultation outcomes with child psychiatrist for 2008-2009



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Focus Groups

Practice Teams & MHC

- Valuable to staff & patients
- Alleviated work load
- Strengthened team collaboration
- Increased patient adherence
- Resources & tools increased knowledge and maximized focus of visits
- Communication is a key to success

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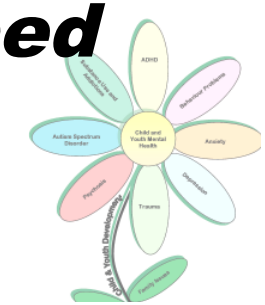
What Health Care Providers Said

…"I think it has supported myself, I think my partners feel the same way, in managing ADHD independently of a paediatrician, I think and feel like its a big commitment to apply that label and consider those types of medications and I think having the option from someone that has a lot of experience in that field has helped increase our comfort level with that." (MD1)



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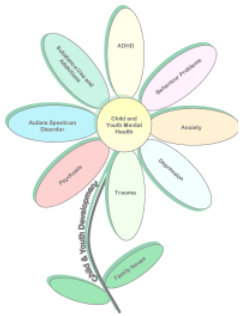
- C & Y MH Community Resource Tool



CHILD & YOUTH COMMUNITY RESOURCE TOOL (Revised - January 2010)

Service Level

Open Access – Patient Can Call

Shelters for Youth & Families

Notre Dame Youth Shelter	905-308 -8090
Wesley Urban Ministries Youth Housing	905-521-0926, x233

Teen Pregnancy & Parenting

Angela's Place (young moms 16-20)	905-549-4276
Grace Haven (pregnant up to age 21)	905-522-7336
St Martins Manor (pregnant up to 21)	905-575-7500

Day Treatment/School Programs/Alternative Education

Charlton Hall Day Treatment (12-17yrs)	905-529-7262
COMPASS Day Treatment Program	905-577-1020
Lynwood Hall Day Treatment (11-14yrs)	905-389-1361
Wilma's Place (16–19yrs)	905-525-6640
James St. School (16–20yrs)	905-527-2129

Children with Disabilities

Extend-A-Family	905-383-2885
Special Services at Home	905-577-8451
Community Living Hamilton	905-528-0281

Child & Family Supports

Youth Substance Use

AY - Alternatives for Youth (13-22 yrs)	905-527-4469

List of Resources Related to Substance use

Family/Couple Therapy

Catholic Family Services – Walk In	905-527-3823

Child Abuse

Community Child Abuse Council (Prevention/Education/Treatment)	905-523-1020

Community Group Programs

Group Programs (Parents, Teens, Children)

Banyan Community Services	905-545-0133

Community Education Flyer

Hamilton Ontario Early Years Information (0-6yrs)	905-524-4884
McMaster Infant Parent Program (IPP) (0-3yrs)	905-521-2100, x77406

Community Separation/Divorce Resources (HFHT)

Child & Youth Patient Education (Books, websites, etc.)
(ADHD, Anxiety, Mood, Parent & Youth Resources)

Must Call or Fax CONTACT Hamilton 905-570-8888 (Referral Form)

Youth Housing/Residential

Brennan House (16-20 years)
Canada House (males 12-16)
Charlton Hall (girls 12-16)

Lynwood Hall Child & Family Centre

Residential Treatment Program (6-16)
Children With Complex Needs
(ICFS) Intensive Child and Family Services - In Home

Extend-A- Family:

Respite for Autism Spectrum Disorder

Child & Youth Mental Health Assessment and Treatment

McMaster CYMHP Outpatient Service

McMaster CYMHP Outpatient Service (6-18)
Intensive Children's Services (2-6 yrs)
Assessment / Individual / Family / Group Therapy

Hamilton Child and Adolescent Services

Hamilton Child and Adolescent Services (3-18)
Quick Access Service
Assessment / Individual / Family / Group Therapy
Trauma Treatment Program
Assessment/Treatment for Sexually Offending Youth
Assessment/Treatment for Sibling Sexual Abuse
Forensics Fire Setting Risk Assessments

Community Child Abuse Council

Healthcare Provider Referrals

McMaster Child & Youth Inpatient Service, Day Hospital & Urgent Access (6-18yrs)

Eating Disorders Program (up to 17)
905-521-2100 x. 73224

McMaster Children's Exercise & Nutrition (4-18yrs)
(905) 521-2100, ext. 77967

Anxiety Disorders Clinic (16+)
905-521-8018

First Episode Psychosis (16+)
905-540-6586
St.Joseph's Health Care

Mood Disorders Program (16+)
905-522-1155 x.36236
St.Joseph's Health Care

CAAP Program (McMaster)
(Child Maltreatment and Parenting Capacity Assesments)
905-521-2100 x. 73268/73687

McMaster Developmental Pediatric Services

Infant Parent Program (0-3yrs)
905-521-2100, x77406

Special Treatment and Assessment (2-18yrs)
905) 521-2100, ext. 77885

Autism Spectrum Disorder Services (2-18yrs)
905) 521-2100, ext. 74032

Pre-School Communication Services (18mo-5yrs)
(905) 521-2100, ext. 77211

McMaster Consult 1 Session Psychiatric Consult
(referral form below)

Child & Youth Referral Forms / Questionnaires

HFHT Child & Youth Telephone Consult - 905-975-6667

HFHT Child & Youth Questionnaire
ADHD SNAP IV Questionnaires
Anxiety Scale - SCARED Questionnaire
Depression/Teen PHQ-9 Questionnaire

Consult with HFHT C&Y Psychiatrist - Dr. Kondra/C&Y MH Counsellor
McMaster 1 Session Psychiatric Consult
McMaster OCD Consult with Dr. Sorenl (Referral Form)
Contact Hamilton Referral Form

Child & Youth Urgent/Crisis Services

COAST Crisis Outreach And Support Team:
905-972-8338 (24 hours)
Kids Help Phone: 1-800-668-6868 (24 hours)
Children's Aid Society of Hamilton: 905-522-1121
Catholic Children's Aid Society of Hamilton: 905-525-2012

System Navigation Tool

- **93% of MHC reported increased awareness, knowledge, comfort of common childhood mental health conditions**
- **74% reported increased knowledge of community resources**
- **97% felt would increase the number of referrals to specializes services**

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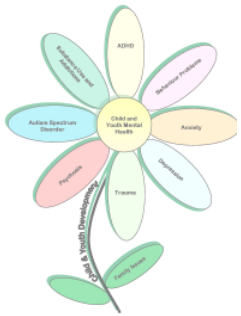
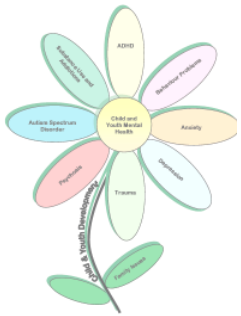
- C&Y Detection Questionnaire



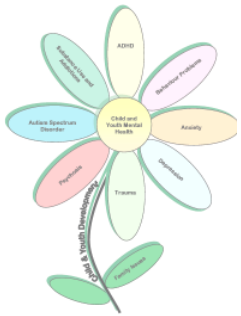
Increase Detection:

- **Child & Youth Questionnaire**
- **Easily administered**
- **Convenient**
- **Knowledge Transfer**



C&Y Detection Questionnaire

- **Pre - 90% of MHC not using screening questionnaire**
- **82% reported that would find it helpful**
- **50% using the C&Y detection questionnaire at 3 month f/u**
- **Barriers – convenience (EMR), behaviour change takes time**



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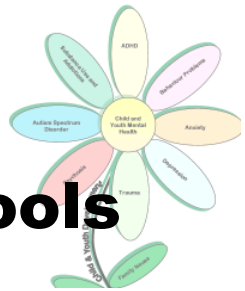
Lessons Learned

- **“Stepped” Approach - successful**
- **Access to C&YMH specialzed staff resources ↑ comfort, knowledge, awareness and confidence**
- **> youth accessing services at Family Practice**
- **Clinical tools & resources ↑ capacity (screening quest. – system navigation tools and resources)**



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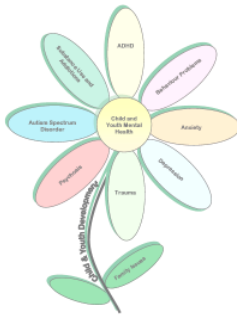
Lessons Learned cont.

- **Demand for C&YMH services ↑**
- **Current model of service is no longer sustainable with the limited existing C&YMH resources**
- **C&YMH needs to be integral part of the "medical home"**
- **C&Y MH is necessary at all levels medical and professional training**



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Next Steps

- **Review the current model of C&YMH services**
- **Explore the best use of program resources so as to create equity and spread effectively across the HFHT**
- **Ensure sustainability of program over the long-term**

Hamilton Family Health Team

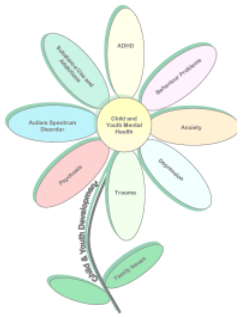
Next Steps Cont'd

- **Work with family practice teams to come up with solutions for optimal use of inter-professional resources**
- **Expand existing resources through developing collaborative practices internally and externally**
- **Ongoing evaluation of the C&YMHI**
- **Monitor changes in the current model**

Hamilton Family Health Team

Thank You

- Carrie McAiney – Evaluation FHT
- Pat Carter – Research Assistant
- Dr. Peter Kondra, Ted Ridley, Kate Jasper
- Elka Persin – Admin. Assistant
- The Provincial Centre of Excellence for Child & Youth Mental Health at CHEO
- Dr. Nick Kates & HFHT Mental Health Program Leads



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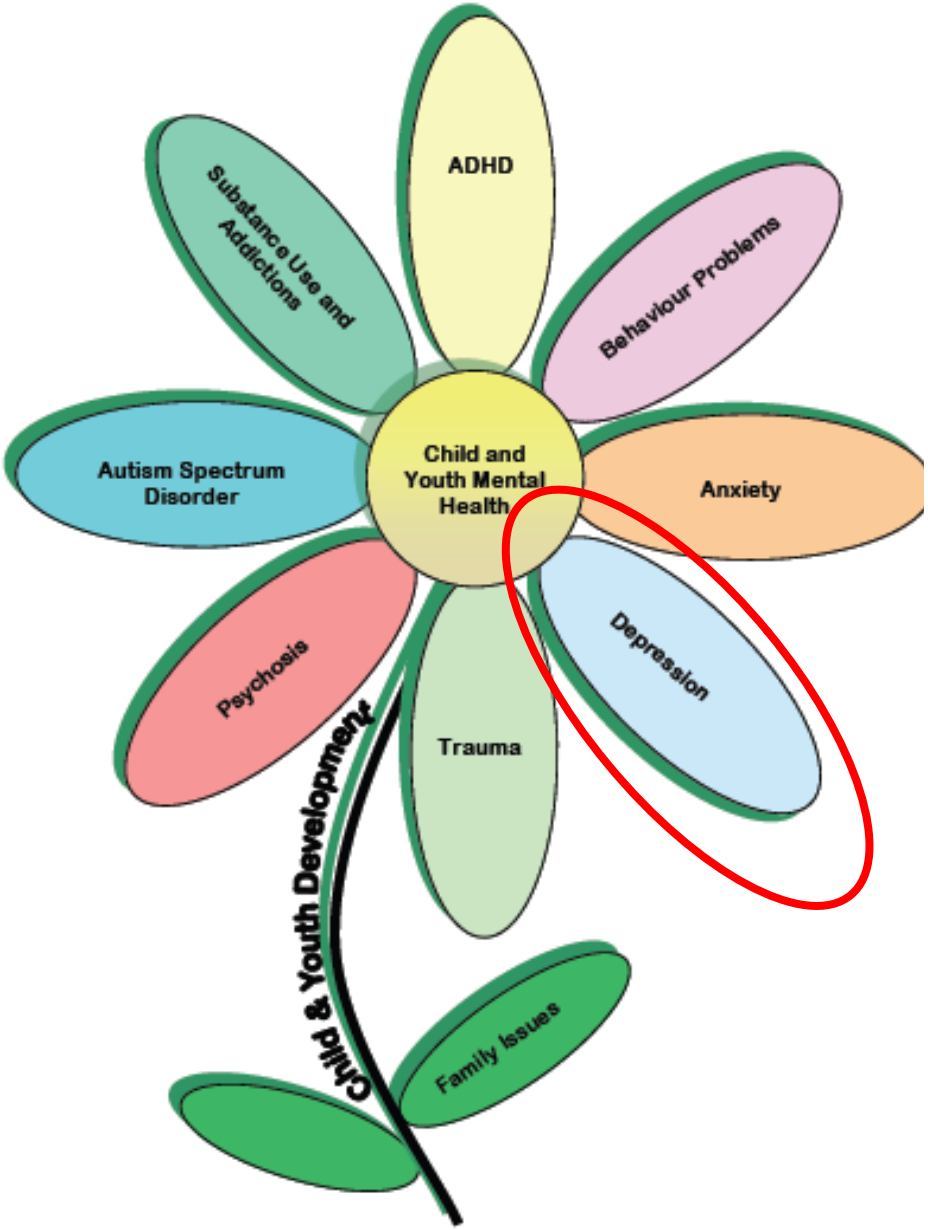
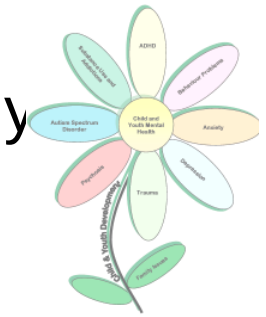
Discussion


ADHD
Substance Use and Addictions
Behaviour Problems
Autism Spectrum Disorder
Child and Youth Mental Health
Anxiety
Psychosis
Depression
Trauma
Child & Youth Development
Family Issues

Case by Dr. Stan Kutcher
April 15, 2006 –

- MJ 16-year-old girl who presents seeking advice about birth control.
- Sexually active for about one month and her boy friend has been using a condom
- Past history unremarkable apart from multiple somatic complaints (such as stomach aches and headaches) and two short-term episodes of school refusal (in grade one and in grade three).
- Always shy and somewhat anxious
- Fam Hx:
  - Mother treated for major MDE with fluoxetine 11 y ago
  - Father has had difficulties with alcohol miss-use



July 24, 2006

- MJ's mother calls: daughter not herself –moping around the house, lost appetite and unhappy
- MJ broke up with her boyfriend.
- You arrange to see MJ in your office.
- 6-item KADS score is 8 (total 24, scores of 6 or above suggest possible MDE) and no urgent issues pertaining to suicide or safety on TASR-A
- MJ spends her visit with you talking about how awful she feels about her breakup and one small panic episode she had when she saw her ex-boyfriend in the shopping mall.

August 4, 2006

- MJ comes in for her follow-up appointment today. Her KADS score is 3 and she is eagerly anticipating her family holiday to the cottage.

November 13, 2007

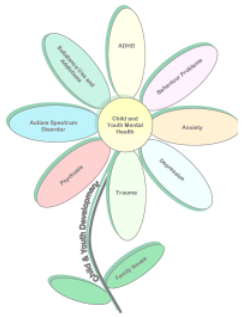
- MJ's mother calls: MJ had gone away to university, things were going well but last week her student advisor called:
  - missing most of her classes
  - staying away from friends
  - drinking in her room much of the time
- When you see MJ she gives a 6 week history of increasingly depressed mood accompanied by sleep difficulties, loss of appetite, fatigue and loss of interest in school and social activities. Missed most classes last 2 weeks and drinking "lots of beers … to make me feel better".
- Her KADS score is 12 and she endorses num of items on the TASR-A (including occasiona thoughts that life is not worth living)

- TeFA: significant functional problems in a variety of domains.
- Not psychotic and denies any other drug use.
- Arrange to see her for a longer assessment in 3d
- You impress on her the need to call if things get worse and discuss the situation with her parents who feel that they can provide the necessary monitoring at home. Your once again provide them with sources of information (see websites listed in this program) and ask them to read about depression and its treatment.

- Since your practice has access to the service a social worker you discuss MJ with her and arrange for her to attend the next consultatio

Case: November 16, 2007

- MJ's KADS 14 and she is having more frequent thoughts about dying but no suicidal ideas or plans.
- TASR-A unchanged from the previous visit.
- Decide major depressive disorder and apply the 11 item KADS as the baseline symptom evaluation.
- You discuss treatment options and MJ agrees to ongoing counseling with the social worker and prescription of fluoxetine
- She has questions about the medication
- You review the anticipated time lines for improvement and arrange to see her next week with the social worker
- Advise her to call you or the social worker if things get worse or if she become suicidal during that time.

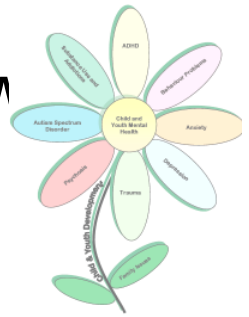


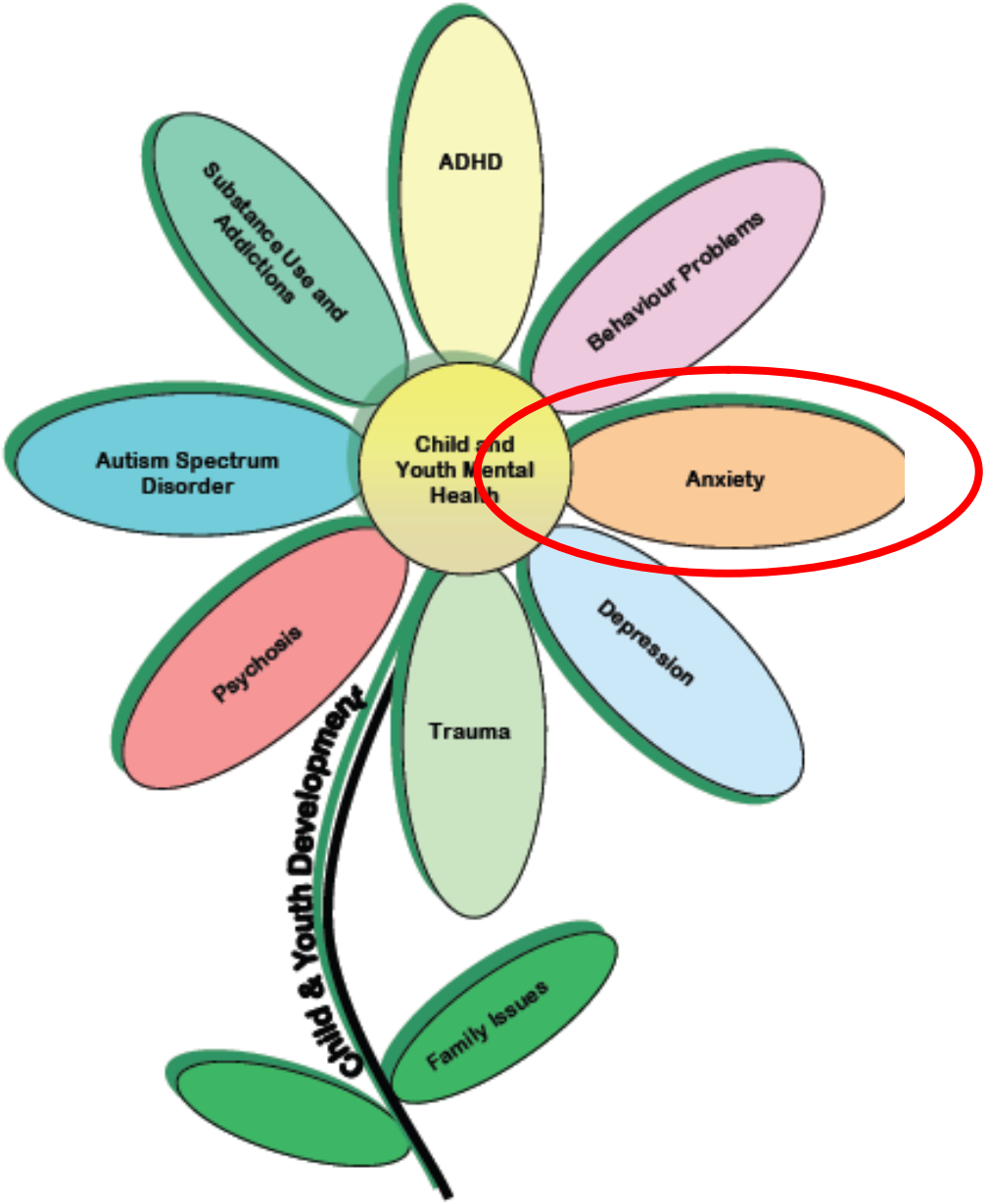
November 24, 2008

- KADS score is 14
- TASR-A: no change
- Review side effects scale and notice that while she has complained of having headaches her score is the same as it was before the treatment was started.
- She tells you that she found the counseling session with the social worker helpful.
- You encourage her to use the “Mood Enhancing Prescription” as much as possible and arrange to see her again in a week’s time with the usu proviso for her to call if things get worse or if becomes suicidal.

Jan 12, 2008

- KADS score is 3 and has been 5 or less for 3 weeks.
- Concentrating much better and wants back to school.
- Fluoxetine 20 mg daily and is tolerating it well.
- She continues to see the social worker but every two weeks instead of weekly.
- Functioning (which you have monitored using the TeFA) has improved substantially
- Asks your advice on how to proceed and how long she will need to take the medications

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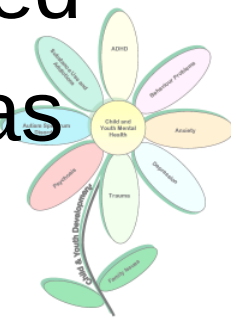
Anxiety

- 7 year old girl
- Parents haven’t been on date since child was baby as she refuses baby sister
- Sleeps in parents bed every night b/c of fear of monsters under her bed
- School refusal
- Worries parents are going to be abducted
- Started bedwetting when baby sister was born



References

- Steele M. & Wolfe V. Child Psychiatry practice patterns in Ontario. Can J Psychiatry, 44(8), 1999: 788-792.
- Davidson S. & Manion I. Facing the challenge: mental health and illness in Canadian youth. Psych Health Med, 1(1), 1996: 41-56.
- Kataoka S., Zhanf L., & Wells K. Unmet need for mental health care among U.S. children: cariation by ethnicity and insurance status. Am J Psychiatry, 159, 2002:1548-1555.
- Clatney L., MacDonald H., & Shah S. Mental health care in the primary care setting: family physicians' perspective. Can Fam Physician, 54, 2008: 884-889.
- Kisley S., Duerden D., Shaddick S., & Jayabarathan A. Collaboration between primary care and psychiatric services: does it help family physicians? Can Fam Physician, 52, 2006: 876-877.
- Kates N., Fugere C., & Farrar S. Family physician satisfaction with mental health services: finding from a community survey. CPA Bull, 36(2), 2004: 10-14.
- Borckway C. & Jones K. Survey of the opinions of general practitioners about health services in a rural setting. Public Health, 107, 1993: 45-52.
- Hicks N. & Baker I. General practitioners' opinions of health services available to their patients. BMJ, 302, 1991:991-993.
- Thomas R. & Corney R. Working with community mental health professionals: a survey among general practitioners. Brit J Gen Prac, 43, 1993: 417-421.
- Farrar, S., Kates N., Crustolo A.M., & Nikolaou L. Integrated model for mental health care: are health care providers satisfied with it? Can Fam Physician, 47, 2001: 2483-2488.
- Steele M., Fisman S., Dickie G., Stretch N., Rourke J., & Grindrod A. Assessing the need for and interest in a scholarship program in children's mental health for rural family physicians. Can J Rural Med, 8(3), 2003:163-170.
- Miller A., Johnston C., Klassen A., Fine S., & Papsdorf M. Family physicians' involvement and self-reported comfort and skill in care of children with behavioural and emotional problems: a population-based survey. BMC Fam Prac, 6(12), 2005:1-10.
- Montoliu L. & Crawford T. Prescribing practices of general practitioners for children with mental health problems. Child and Adol Mental Health, 7(3), 2002:128-130.
- Bryce G. & Gordon J. Managing child and adoelscent mental health problems: the views of general practitioners. Health Bull (Edinb), 58(3), 2000:224-226.
- Salt N., Parkes E., & Scammell A. GPs' perceptions of the management of ADHD in primary care: a study of Wandsworth GPs. Primary Health Care Research and Development, 6, 2005: 162-171.
- Stretch N., Steele M., Davidson B., Andreychuk R., Sylvester H., Rourke J., & Dickie G. Teaching children's mental health to family physicians in rural and underserviced areas. Can J Rural Med 14(3), 2009: 96-100
- Heikkinen A., Puura K., Niskanen T., & Mattila K. Improving GPs' skills and competencies in child psychiatry. Nord J Psychiatry 59, 2005: 114-120.
- Steele M. & Dickie G. Child and adolescent psychiatry teaching in family medicine residency training programs: the Canadian experience. Canadian Child Psychiatry Review 6, 1997: 100-105.
- Spenser H., Gillies A., & Maysenhoelder H. The CHAT project: paediatricians and mental health clinicians: working together for the sake of the children
- Fisman S., Sangster J., Steele M, Stewart M., & Rae-Grant N. Teaching child and adolescent psychiatry to family medicine trainees: a pilot experience. Can J Psychiatry 41, 2996: 623-628.