



**UW PACC**

Psychiatry and Addictions Case Conference

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# **MENTAL HEALTH TREATMENT ACCESS FOR CHILD AND ADOLESCENT PSYCHIATRY**

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WASHINGTON AND SEATTLE CHILDREN'S**

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# DISCLOSURES

- I have received a book royalty from American Psychiatric Association Publishing
- I have performed care facility evaluations as a consultant for Optum in Wyoming

# WHY IS ACCESS AN ISSUE?

- MH problems in kids are common
  - 23% of 10<sup>th</sup> graders self-report having seriously considered attempting suicide in the past 12 months
  - 26% of 10<sup>th</sup> graders report that more than half the time they have days when they were unable to stop/control their worrying

# WHY ACCESS IS AN ISSUE

- There are not enough child psychiatrists and child therapists to go around.
  - Less than ½ of US kids with a diagnosable disorder will see a mental health provider
  - Per AACAP, US has less than ¼ the child psychiatrists it needs
  - Youth care needs have been increasing
    - suicide rates for 15-19 year olds rose 76%, in decade ending in 2017

# Youth Mental Health in Washington State

Washington ranks low on youth behavioral health at 31<sup>st</sup> out of 50 states, according to Mental Health America's 2019 national assessment of mental health and access to care.

Results from the 2018 Healthy Youth Survey show feelings of distress among youth in Washington are high and climbing.



A high and increasing number of Washington youth report feeling sad, hopeless, or anxious, or having suicidal thoughts

## Typical 10<sup>th</sup> grade classroom



12 in 29

students experience **hopelessness**



10 in 29

students often feel **anxious**



3 in 29

students attempted **suicide** in the past year

2008 - 2018  
Students' mental health outcomes have gotten worse

↑ 33%  
feeling hopeless

↑ 35%  
suicidal thoughts

↑ 39%  
planning suicide

# COVID MADE EVERYTHING WORSE

1 in 13 COVID  
deaths have  
involved a child  
losing a parent

But our main  
concern is how  
kids' lives were  
changed by the  
pandemic

# HOW DID COVID IMPACT YOUTH?

- Increased family stress, loss of income
- Social distancing from extended family
- Social distancing from peers
  - Peer interaction is a key part of development
- Increased “screen time”
  - Negative impacts on mental health from excessive screen time had been previously documented
- Loss of youth “employment” —the school environment

# COVID IMPACT ON NATIONAL PRIVATE INSURANCE CLAIMS DATA FOR YOUTH

- Proportion of mental health vs. all medical claims doubled from March/April 2019 to 2020
  - though total claims decreased
- Intentional self harm mental health claims increased 90.7% from March 2019 to 2020
- Age 13-18 intentional overdose claims increased 119% from April 2019 to 2020
- Age 13-18 GAD claims increased 94%, and MDD increased 84%



# SUICIDALITY AND COVID-19

- Mental health-related visits to Washington emergency departments for children ages 5–17 increased by up to 31% in 2020, compared with the same time period in 2019 (WA DOH data)
  - No change in seasonally expected adult ED presentations for suicide attempts
- Community demand for youth outpatient counseling has dramatically increased in Washington, with no increase in providers
  - Typically takes 3-4 months to access a therapist now in WA

# LEVELS OF CARE

- Standard outpatient
  - Weekly individual therapy +/- medication management
- WISe- Wraparound with Intensive Services
  - For kids with Medicaid. Provides in home intensive services, parent partner, case management
- IOP- Intensive Outpatient Program
  - Usually 3-4 hours per day, 3-5 days a week
- PHP- Partial Hospitalization Program
  - 8 hours a day, 5-7 days a week
- Inpatient
  - 5-7 days, crisis stabilization
  - Access by way of Emergency Departments

# INPATIENT TREATMENT

- Length of stay 5-7 days
- Safe setting during crisis
- Clarify diagnosis
- Medication evaluation and recommendations
- Skill building
- Parent education
- Time to increase outpatient supports

# INPATIENT FACILITIES

- **Seattle Children's Hospital -PBMU** (41 beds, Seattle)
- **Smokey Point** (25 beds +, Marysville)
- **Fairfax** (18 beds +, Kirkland)
- **Two Rivers Inpatient** (16 beds, Yakima)
- **Mary Bridge ABHU** (26 beds, Tacoma )
- **Inland** (25 beds, Spokane)
- **Sacred Heart** (Spokane)

# PROS AND CONS OF HOSPITALIZATION

- Inpatient Psychiatric Hospitalization
  - Suicidal / Homicidal / Gravely Disabled (due to MH illness)
  - Unable to Maintain Safety in a less restrictive environment

## Pros:

- Short term crisis stability, 24x7 supervision
- Start meds
- Line up intensive outpatient services



## Cons:

- “Band-Aid”
- Identification/negative reinforcement
- Unclear if helps suicidality long term



# LOCAL INTENSIVE OUTPATIENT PROGRAMS

## Mood and Anxiety

- Pathlight
- Thira
- Fairfax
- Smokey Point
- Rogers behavioral Health

## Eating Disorders

- Eating Recovery Center
- Emily Program
- Center for Discovery

**Call each program for specific admission criteria. Most start at age 13, contracted with private insurance, limited options for Medicaid funding**

# WISE PROGRAMS

- Wraparound with Intensive Services
  - Medicaid eligible youth up to age 20
  - Wraparound model, to engage natural support system, and current care providers
  - Peer support is a unique add in
  - Develop an individualized plan of care with the family
  - How WISe is implemented can vary widely—from “the burrito wrap with no meat” to including home based or other intensive services
  - To access, directly call your region’s community mental health agency
    - <https://www.hca.wa.gov/assets/program/WISe-referral-fee-for-service-provider-list.pdf>

# OUTPATIENT THERAPIES

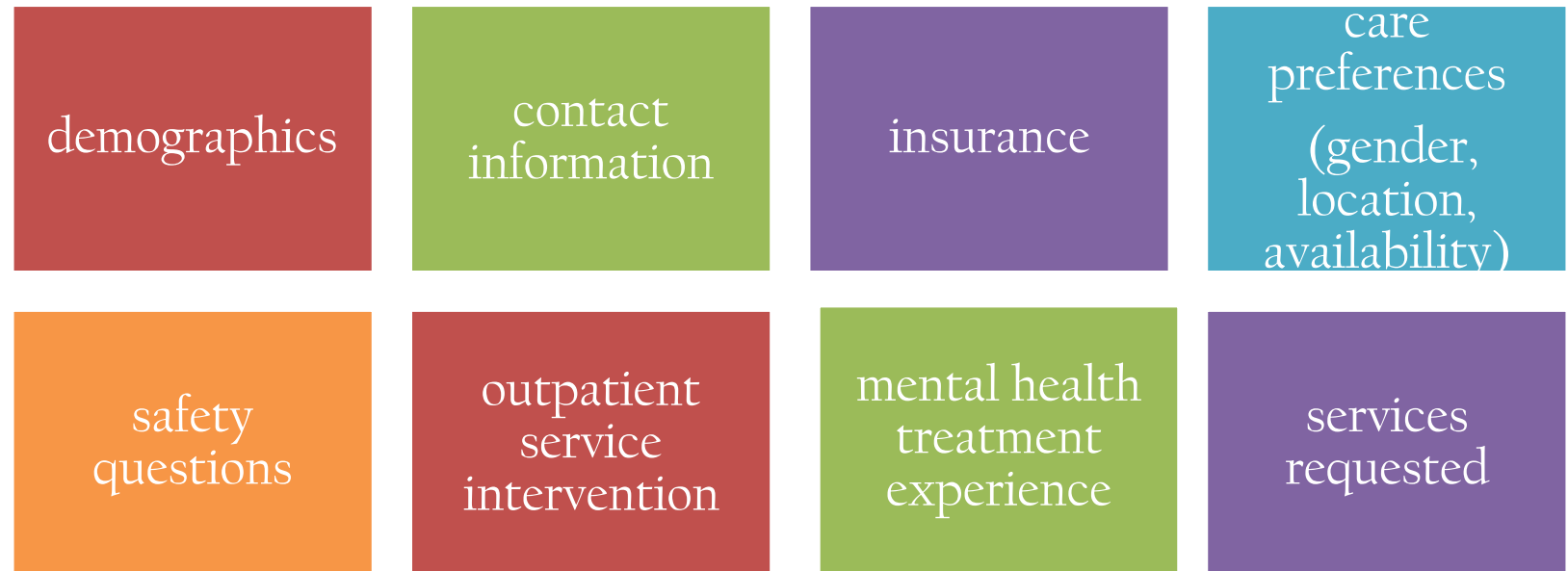
- National resources for families to locate a therapist:
  - <https://psychologytoday.com>
  - <https://locator.apa.org/> (APA's psychologist locator)
- Family's insurance website
  - Supposed to have up to date provider lists, include availability
- State List of Certified Mental Health and Substance Abuse centers, arranged by county
  - Current version accessed via <https://warecoveryhelpline.org>



# WA REFERRAL ASSISTANCE SERVICE

- “Washington’s Mental Health Referral Service for Children and Teens”
- **833-303-5437**
- **<https://www.seattlechildrens.org/clinics/washington-mental-health-referral-service/family/>**
  - Monday through Friday, 8AM to 5PM
  - [seattlechildrens.org/WA-mental-health](https://seattlechildrens.org/WA-mental-health)
- State legislature funded, operated in conjunction with HCA
- The PAL team operates this—but only parents can call (not providers)
- Goal: Help families through often challenging process of connecting to evidence supported mental health services in their community

# INTAKE WITH PARENT



Provide parent with detailed coaching on process of connecting into mental health care

# REFERRAL ASSIST SERVICE

- Community demand, and time investment per case has exceeded projections
  - Over 2100 served just in first 15 months
  - Now get about 15 new requests per day
    - Significant wait time now for service due to COVID surge in demand
  - 7 full time staff members
    - Often takes up to 20 individual calls to find a match
- 3/4 of all referral requests come from privately insured families
  - Community mental health agency intake process is more straightforward for Medicaid

# REFERRAL FEEDBACK AND OUTCOMES

- At 2 week follow up: 61% had scheduled or completed an appointment
  - How well did (referral service) meet your needs?
    - 4.8 on 5 point scale
  - Would you recommend to other families?
    - 4.8 on 5 point scale
  - How satisfied with the service overall?
    - 4.6 on 5 point scale

# FOR CONCRETE NEEDS

Dial 2-1-1 or call (877) 211-9274

- <http://win211.org>
- M-F 8 AM-5 PM (or later in some regions)
- Categories they can help connect to:
  - Food
  - Health Resources
  - Household goods and clothing
  - Housing and Shelters
  - Legal Assistance
  - Transportation

# STATE TROUBLESHOOTING ASSISTANCE

## Education

- Office of the Education Ombuds
- Phone: 1-866-297-2597
- <https://oeo.wa.gov/>

## Insurance

- Health Insurance access [www.wahealthplanfinder.org](http://www.wahealthplanfinder.org)
- Health insurance coverage problems, or complaints
  - <https://www.insurance.wa.gov/>

# OTHER PARENT RESOURCES

## Family Help Line

- Phone: (800) 932-HOPE (4673)
- <https://www.parenttrust.org/for-families/call-fhl/>
- Statewide, toll-free telephone line and online searchable database. Live parenting coaches are available Monday-Friday, 9AM-5PM. Parents can contact for individualized support, information and referral, parenting education and techniques, and assistance with stress reduction and advocacy.

## Parent to Parent

- <https://arcwa.org/parent-to-parent/>
- Support and information for families of children with developmental disabilities or healthcare needs.

## Substance abuse/addiction support, 24/7 for adults

- Phone 866-789-1511
- <https://warecoveryhelpline.org>

# MCO CARE MANAGER SUPPORT

## AMG: Amerigroup

- Name: Kathleen Boyle
- Phone: 206-482-5523
- Email: [Kathleen.Boyle2@amerigroup.com](mailto:Kathleen.Boyle2@amerigroup.com)
- Website: <https://www.myamerigroup.com/wa/home.html>

## CC: Coordinated Care

- Name: Sherry Bennatts
- Phone: 253-442-1543
- Email: [SBENNATTS@coordinatedcarehealth.com](mailto:SBENNATTS@coordinatedcarehealth.com)
- Website: <https://www.coordinatedcarehealth.com>

## CHPW: Community Health Plan of Washington

- Name: Jordan Williams
- Phone: 866-418-1009
- Email: [childrenscare@chpw.org](mailto:childrenscare@chpw.org)
- Website: <https://www.chpw.org>
  
- MHW: Molina
- Name: Kelly Anderson
- Phone: 425-398-2641 Ext. 142641
- Email: [Kelly.Anderson@MolinaHealthcare.com](mailto:Kelly.Anderson@MolinaHealthcare.com)
- Website: [www.MolinaHealthcare.com](http://www.MolinaHealthcare.com)
  
- UHC: UnitedHealthcare Community Plan
- Name: Kathryn (Kate) Naeseth
- Phone: 763-321-2358
- Email: [kate.naeseth@optum.com](mailto:kate.naeseth@optum.com)
- Website: <https://www.uhccommunityplan.com>



# WHAT ELSE CAN YOU DO IN THE SHORT TERM?

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Create a crisis prevention plan

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Coach on use of coping skills

# CRISIS PREVENTION PLAN FORMAT:

Personalized warning signs

Internal coping strategies

Identified family/friends who can distract

Identified family/friends who can support during crisis


Emergency option (ER, MD, therapist)

# TOOLS FOR INTERVENTION

## Coping Card

Triggers	Reasons for living/being safe/being grateful:
Things that make me feel mad, sad, or upset are:	
•	•
•	•
•	•
•	•
	•
<b>Warning Signs</b>	•
Others know I am mad, sad, or upset because:	•
•	•
•	•
•	•
•	•

Name: \_\_\_\_\_

 **Seattle Children's**  
HOSPITAL • RESEARCH • FOUNDATION

# TOOLS FOR INTERVENTION

## Coping Card

### My Strengths

What I am good at that's gotten me through before:

- 
- 
- 
- 
- 

### *COPE Sequence*

Calm: I can calm by?

Options: My options/choices are?

Perform: My best options are?

Evaluate: How did my option work?

### My Coping Skills Now

When I am mad, sad or upset, I manage by:

- 
- 
- 
- 
- 
- 
- 
- 
- 

### My New Coping Skills

New coping skills to try:

- 
- 
- 
- 
- 
- 
- 
- 
-

# CPP EXAMPLE FOR ADOLESCENT

- My triggers are:
  - Pressure to do things that are above my ability
  - Feeling unwanted/rejected by friends.
  - Social worries
- When others aren't concrete about what they expect from me.
  - My early warning signs are:
    - I become argumentative.
    - I bite my lip or fingers
    - I sigh loudly
    - I raise my voice
- When my parents/caregivers notice my early warning signs, they can:
  - Talk to me
  - Ask how I am feeling
  - Ask “how can I help”
  - Give me a hug
- When I notice my early warning signs, I will try to:
  - Play guitar
  - Listen to music
  - Practice deep breathing
  - Journal
- If I am unable to help myself or accept help, then our crisis plan is:
  - Call therapist
  - Call grandparents
  - Call county crisis line
  - Text crisis line
  - Call 911 if emergency.

# REPLACEMENT SENSORY EXPERIENCE EXAMPLES

- Taste: “atomic fireball”, cinnamon gum
- Touch: apply lotion, warm bath, rubber band wrist snap
- Hear: loud music, play loud instrument
- Smell: “aromatherapy,” incense
- Sight: action or violent movie, online videos

# SUICIDE PRIMARY METHODS

- Age 10-14
  1. Suffocation (240 in US 2016)
  2. Firearms (160 in US 2016)
- Age 15-24
  1. Firearms (2683 in US 2016)
  2. Suffocation (2100 in US 2016)
  3. Poisoning (426 in US 2016)
  - Falls or other methods of suicide are rarely the cause of death

# HOME SAFETY STRATEGIES

- Supervision
- Lock up ALL medications
- Lock up ALL firearms
- Sweep home for risks for suffocation
- Sweep home for sharps

[Home Safety Strategies \(PDF\) \(seattlechildrens.org\)](https://seattlechildrens.org)



# CRISIS LINES

- [Hotlines for Youth \(PDF\)](#)  
([seattlechildrens.org](http://seattlechildrens.org))

- Suicide Prevention Lifeline: 800-273-8255

- Crisis Text Line provides confidential text access from anywhere in the U.S. to a trained crisis counselor.  
Text HOME to 741741 (24/7/365)

- Crisis Connections is a 24-hour crisis line that connects people in physical, emotional and financial crisis to services.  
Call 866-4-CRISIS (866-427-4747)

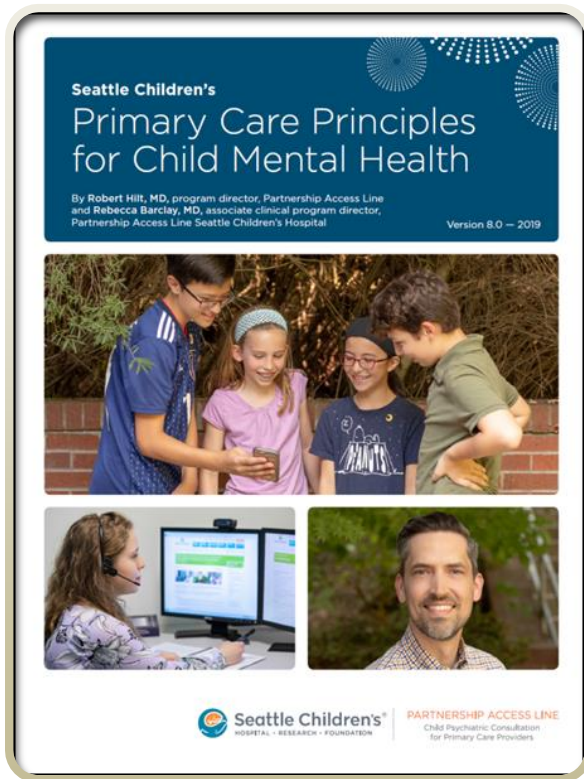
- Teen Link: call or text 866-833-6546

- National Disaster Distress Helpline: 800-985-5990 or text “TalkWithUs” to 66746.

- Trevor Lifeline (LGBTQ nation-wide 24/7 crisis line) 1-866-488-7386

- Transgender Suicide hotline **877-565-8860**  
<https://www.translifeline.org/about>

# PAL: PARTNERSHIP ACCESS LINE



- Hotline-like access for primary care providers to UW/Children's child psychiatrists (M-F, 8AM to 5PM)
  - 866-599-7257
  - Over 1800 new primary care consults in WA every year
  - At least 85% get directly connected to a child psychiatrist without delay
  - Care guide free at [palforkids.org](http://palforkids.org)
  - CME offerings at the same site

# WHAT CAN I DO?

- Encourage all families to lock up medications and firearms, regardless of current risk
- Teach all families to talk about emotions, coping, and asking about suicide
- Encourage all kids to start a coping card and continue to check in at home
- If a patient is in crisis in your office, try a crisis plan before sending to the ED
- Have all patients with a cell phone add in crisis lines to their contacts