Children and Youth: Pediatric Intervention resources for TBI

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Children's Behavioral Health- Ireland Center

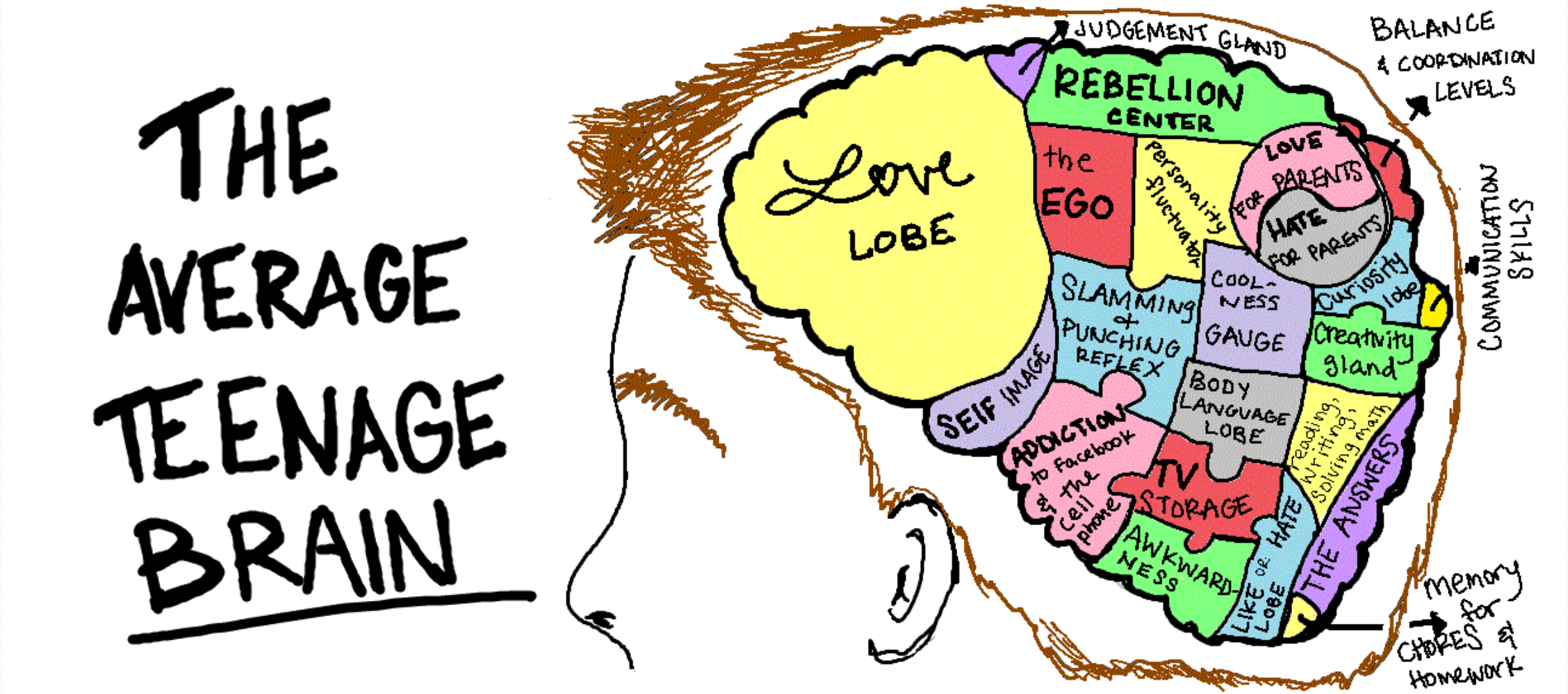
Children and Youth: Pediatric Intervention resources for TBI

- Participants will be to compare behavioral issues for children and youth during acute care associated with TBI.
- Participants will have an understanding of challenges families face when a child has a mental health concern and are seeking assistance.
- Participants will have an understanding of the Psychiatric Intake Response Center's (PIRC) mission and goals to make an impact in the states of pediatric mental health in Alabama.
- Participants will be able to demonstrate the effectiveness of interventions utilizing COA Psychiatric Intake Response Center (PIRC) and assess benefits from clinic services and community referrals related to behavior and TBI.

Disclosure

- No relevant financial relationships with any commercial interests that create a conflict of interest.

The Teenage Brain



Teen Brain

N

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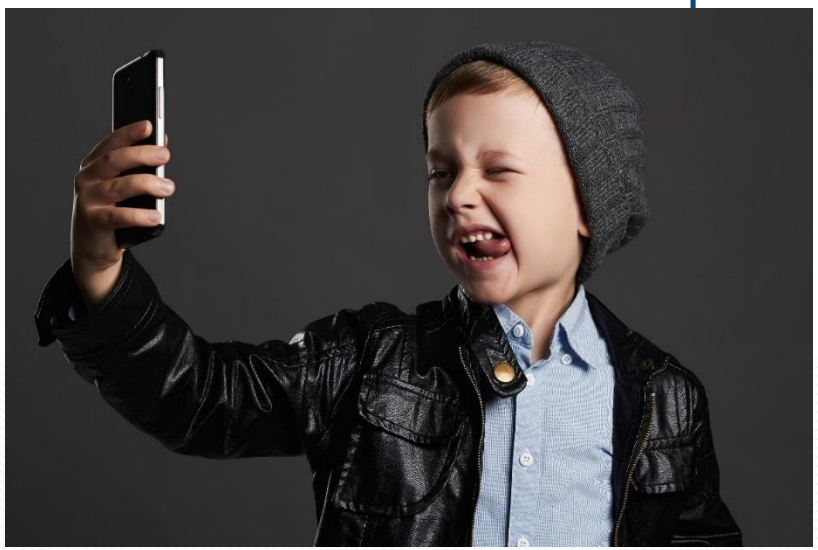
Tips to Help with your Child's Recovery

SOCIAL OR EMOTIONAL

Irritability or easily angered

- Trouble dealing with stress



- Look for opportunities to lessen the amount of stress your child may feel
- Provide a place for your child to take quiet rest breaks, as needed
- Do deep breathing exercises with your child
- Encourage your child to talk to a trusted adult or friend
- Remind your child that most people feel better soon after a concussion

Tips to Help with your Child's Recovery

Concussion Symptoms	How Your Child May Feel or Act	Tips to Help with Your Child's Recovery
Anxiety or nervousness	• Worried about falling behind, or pressure to ignore symptoms	• Talk with your child's school about extending time to complete homework, assignments, and tests • Help your child stay positive (most children with a concussion feel better within a couple of weeks)
Sadness or withdrawal	• Withdrawal from school or friends because of stigma or activity restrictions	• Give your child time to talk with and stay connected to friends • Help your child stay connected to teammates, even if he or she is not participating • Talk with your doctor if depression is worrisome

www.cdc.gov/HEADSUP

COA ER Visits: Psychiatric Chief Complaint 2016-2018

MONTH	2016 Total Psych Visits	2017 Total Psych Visits	2018 Total Psych Visits
Jan.	202	205	210
Feb.	205	210	259
March	215	216	270
April	237	256	297
May	178	229	238
June	133	130	139
July	108	175	158
Aug.	186	207	290
Sept.	241	247	315
Oct.	202	249	329
Nov.	188	218	277
Dec.	142	170	224
TOTALS	**2237**	**2512**	**3006**

Mental Health Visits in a Pediatric Emergency Department and Their Relationship to the School Calendar

Amy B. Goldstein, PhD, Mary Alice C. Silverman, PhD,† Sheridan Phillips, PhD,‡ and Richard Lichenstein, MD§*

Objectives: Over the past decade, there has been a significant increase in the rate at which children and adolescents present to emergency departments (EDs) with mental health complaints. The goal of the current study was to assess the rate of ED usage for children and adolescents and to determine if there was an association between mental health emergencies and the school year.

Methods: Retrospective chart review of 719 psychiatric consultations to an urban ED affiliated with an academic medical center. Records of consultations from April 2001 to March 2002 were reviewed and abstracted for variables such as age, sex, time and date of presentation, and psychosocial factors.

Results: χ^2 Analyses reveal significant associations between presentation to the ED for a psychiatric complaint and time of day, day of week, and month of year. One-way analyses of variance also demonstrated mean differences in presentations for day of week and month of year.

Conclusions: The current study supports previous research findings of an association between the school year and child and adolescent mental health emergencies. In the current study, the school year appears to exacerbate childhood problems, as there is a greater frequency of psychiatric emergencies while children are in school. Implications for ED program development and school-based mental health service delivery are reviewed.

Pediatric Emergency Care • Volume 21, Number 10, October 2005

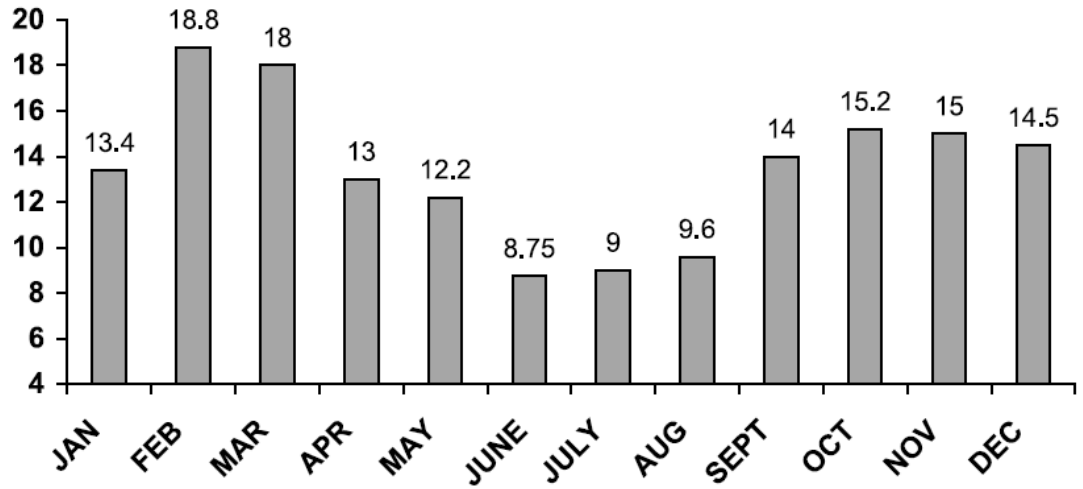


FIGURE 2. Average number of consultations per month (averaged across week).

Original Contribution

Do emergency pediatric psychiatric visits for danger to self or others correspond to times of school attendance?☆,☆☆

Collin Lueck [a], Liza Kearl, MD [b], Chun Nok Lam [b], Ilene Claudius, MD [b,*]

[a] *University of Southern California, Keck School of Medicine, Medical School, University of Southern California, Health Sciences Campus, Los Angeles, CA, 90089*
[b] *University of Southern California, Keck School of Medicine, Department of Emergency Medicine, 1200 North State St #1011, Los Angeles, CA, 90033*

ABSTRACT

Background: Pediatric and adolescent mental health complaints are growing problems for emergency departments and inpatient facilities. We sought to investigate the relationship between weeks when school is in session (vs vacation) and presentation with concern for danger to self or others.

Methods: We retrospectively studied the risk of presenting with these complaints while school is in attendance compared to the risk while on vacation over a 4-year period (2009-2012) at an academic pediatric emergency department. The week of presentation was recorded for all children making psychiatric visits related to suicidality or homicidality, and these were correlated with the public school calendar for the local school district. The incidence rate ratio (IRR) was calculated for psychiatric visits while in school status vs vacation. Similar data were collected for a diagnosis of urinary tract infection to serve as a control.

Results: Of 3223 eligible patients (mean age, 13.8 years), 82.7% presented while in school, although the students only spent 68.6% of their time in school, yielding an IRR of 2.18. By comparison, the IRR for the diagnosis of urinary tract infection was 1.25.

Conclusions: Children and adolescents are more likely to present with concerns for danger to self or others while attending school compared with while on vacations. Causation and opportunities for intervention require further study.

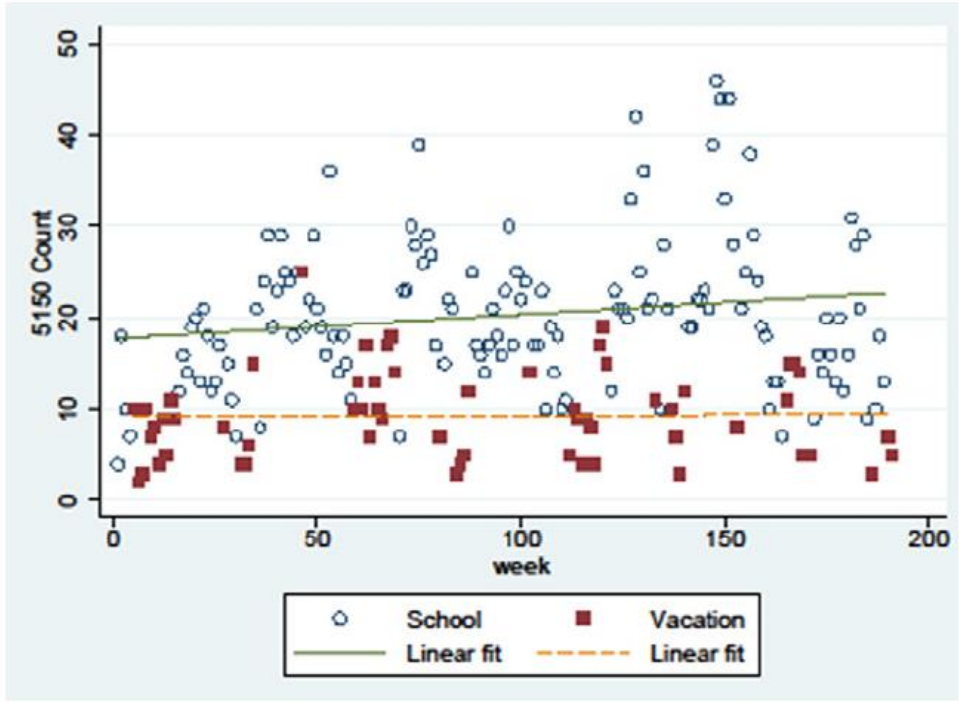


Fig. 1. Comparison of "In School" vs "Vacation" patients considered for an involuntary hold.

American Journal of Emergency Medicine 33 (2015) 682–684

Current State:
Adolescent Depression in Alabama

10.7%

Alabama Teens aged 12-17 per year in 2013-2014

with at least one Major Depressive Episode in prior year

Substance Abuse and Mental Health Services Administration. Behavioral Health Barometer: Alabama, 2015. HHS Publication No. SMA–16–Baro–2015–AL. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2015.

Comorbidities

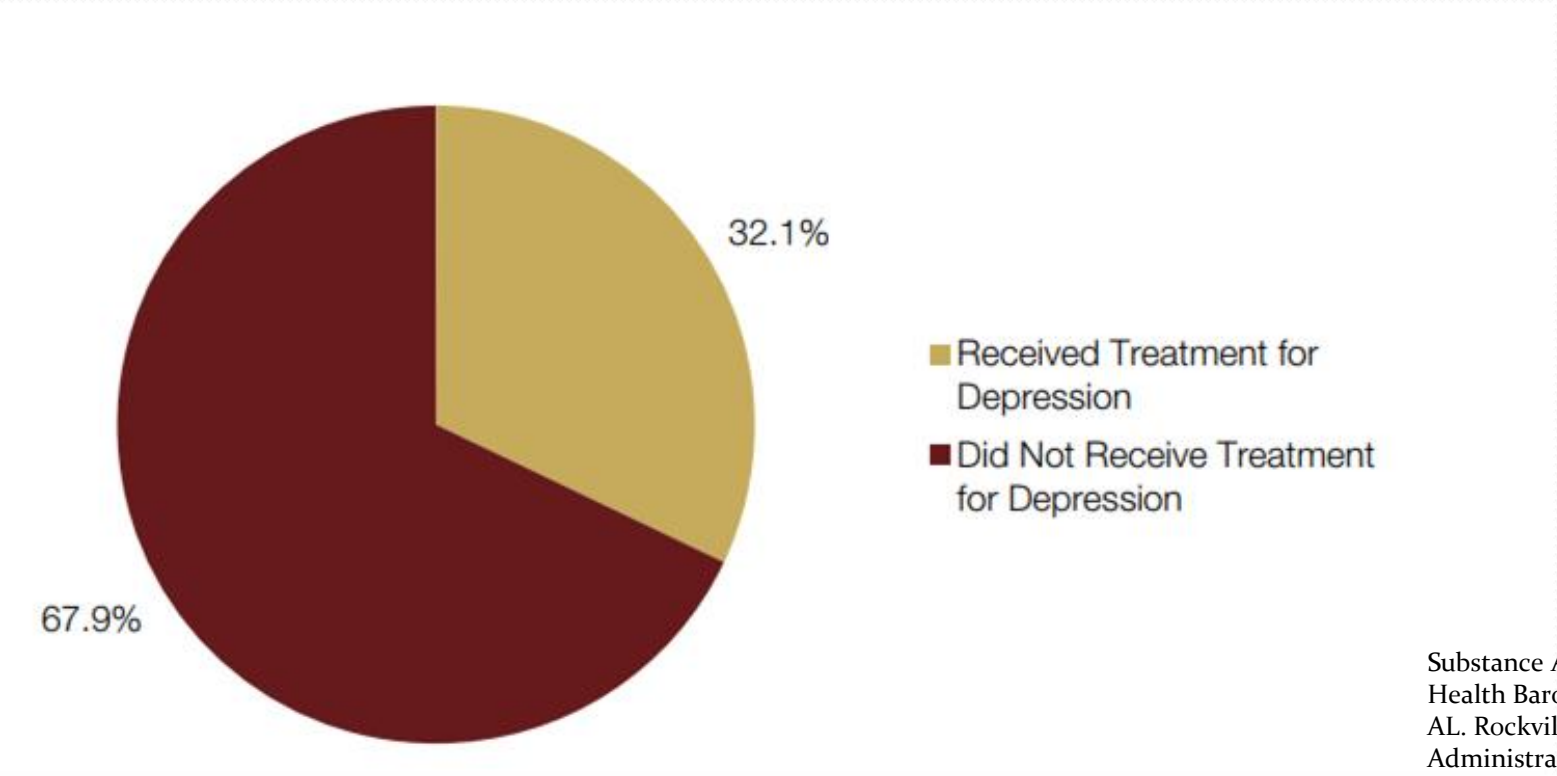
⇧ Risk

- Social and Education Impairments
- Somatic Symptoms: Headache, Abdominal Pain
- Smoking
- Substance Misuse
- Obesity

Thapar A, Collishaw S, Pine DS, Thapar AK. Depression in adolescence. *Lancet*. 2012;379(9820):1056-1067.

doi:10.1016/S0140-6736(11)60871-4.

Current State:
Past Year Treatment Aged 12-17 with MDE in Alabama (Annual Average 2013-2014)



Substance Abuse and Mental Health Services Administration. Behavioral Health Barometer: Alabama, 2015. HHS Publication No. SMA–16–Baro–2015–AL. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2015.

Suicide

2nd Leading cause of death ages 15-19 years of age

Shain B and AAP COMMITTEE ON ADOLESCENCE. Suicide and Suicide Attempts in Adolescents. Pediatrics. 2016;138(1):e20161420

Common Concerns

Q. Will asking about depression and suicide open can of worms?

A. No. Data shows acknowledging and talking about suicide may in fact reduce, rather than increase suicidal ideation, and may lead to improvements in mental health in treatment-seeking populations

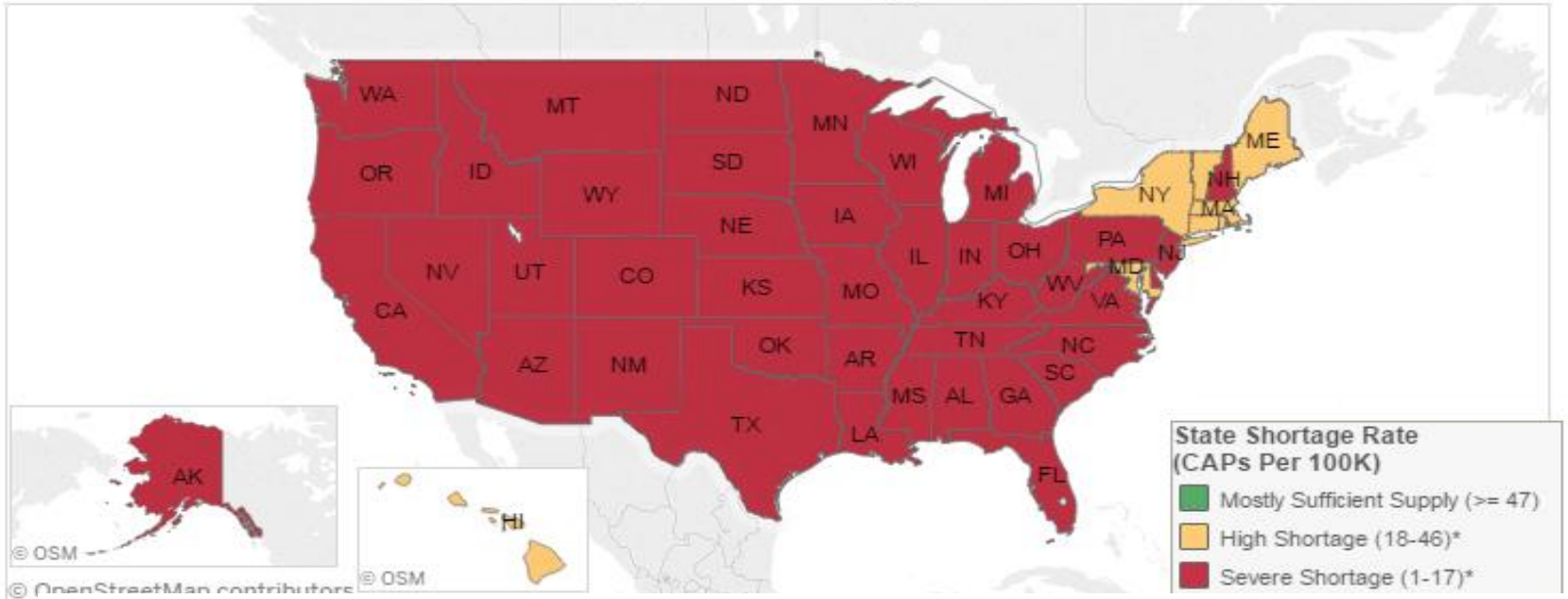
Q. What about the Black Box Warning for SSRI regarding increased SI?

A. Favorable risk ratio : 11 times more patients respond favorably to antidepressants than may report SI. 17 of 23 studies asked about SI - no new SI or worsening of SI, actually decreased during treatment

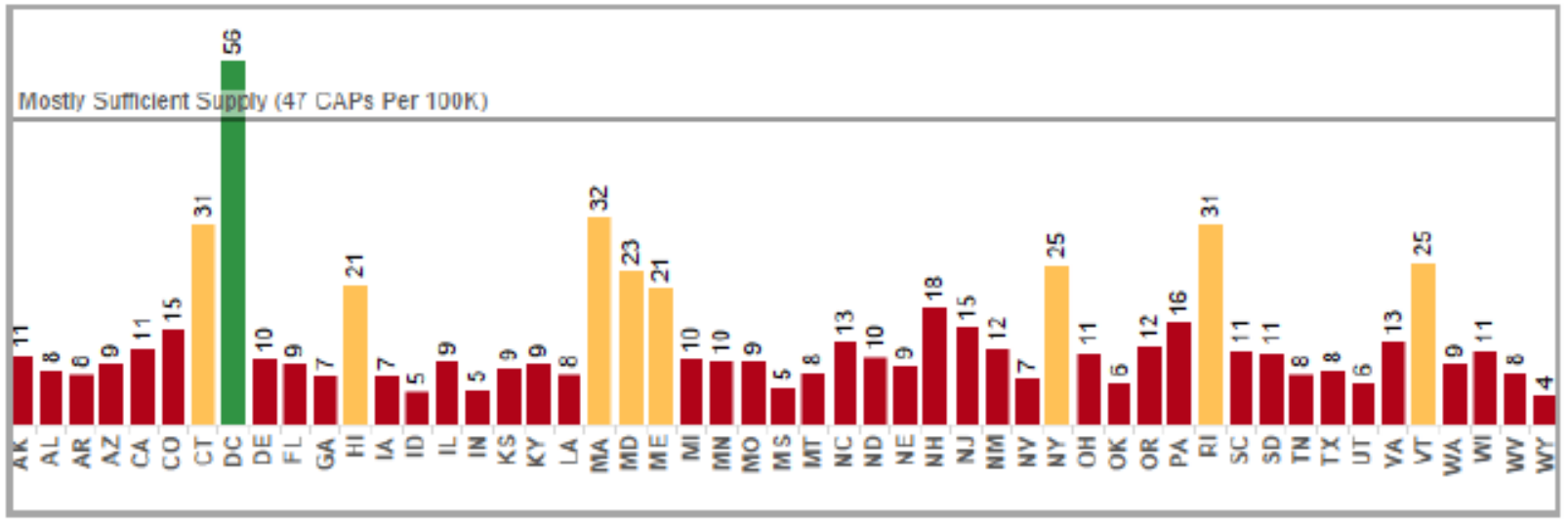
Psychol Med. 2014 Dec;44(16):3361-3. doi: 10.1017/S0033291714001299. Epub 2014 Jul 7. Dazzi T

Practicing Child and Adolescent Psychiatrists by State 2015

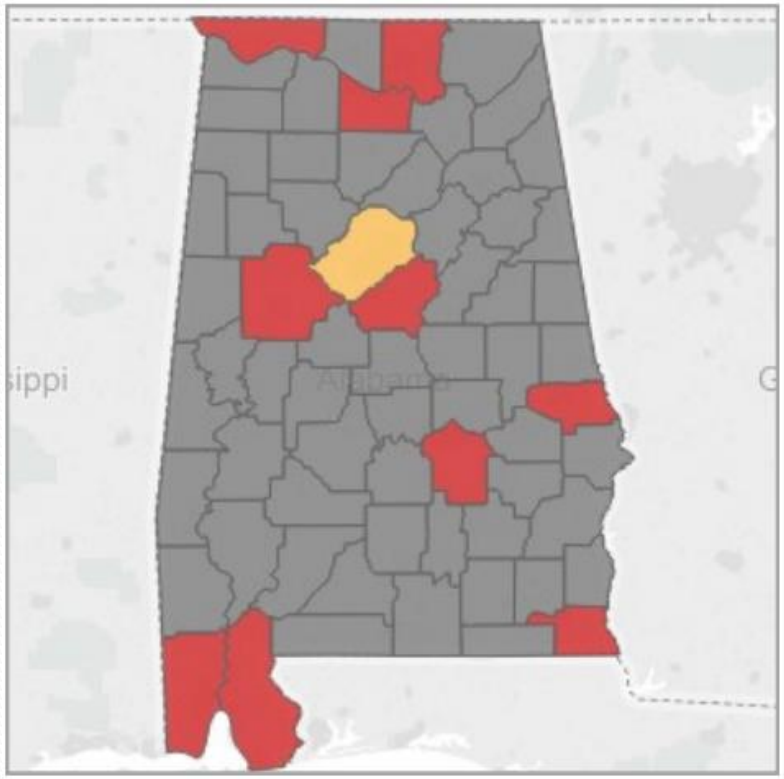
Rate per 100,000 children age 0-17



State CAPs per 100,000 children age 0-17



Practicing Child and Adolescent Psychiatrists in Alabama by County 2015 Rate per 100,000 children age 0-17



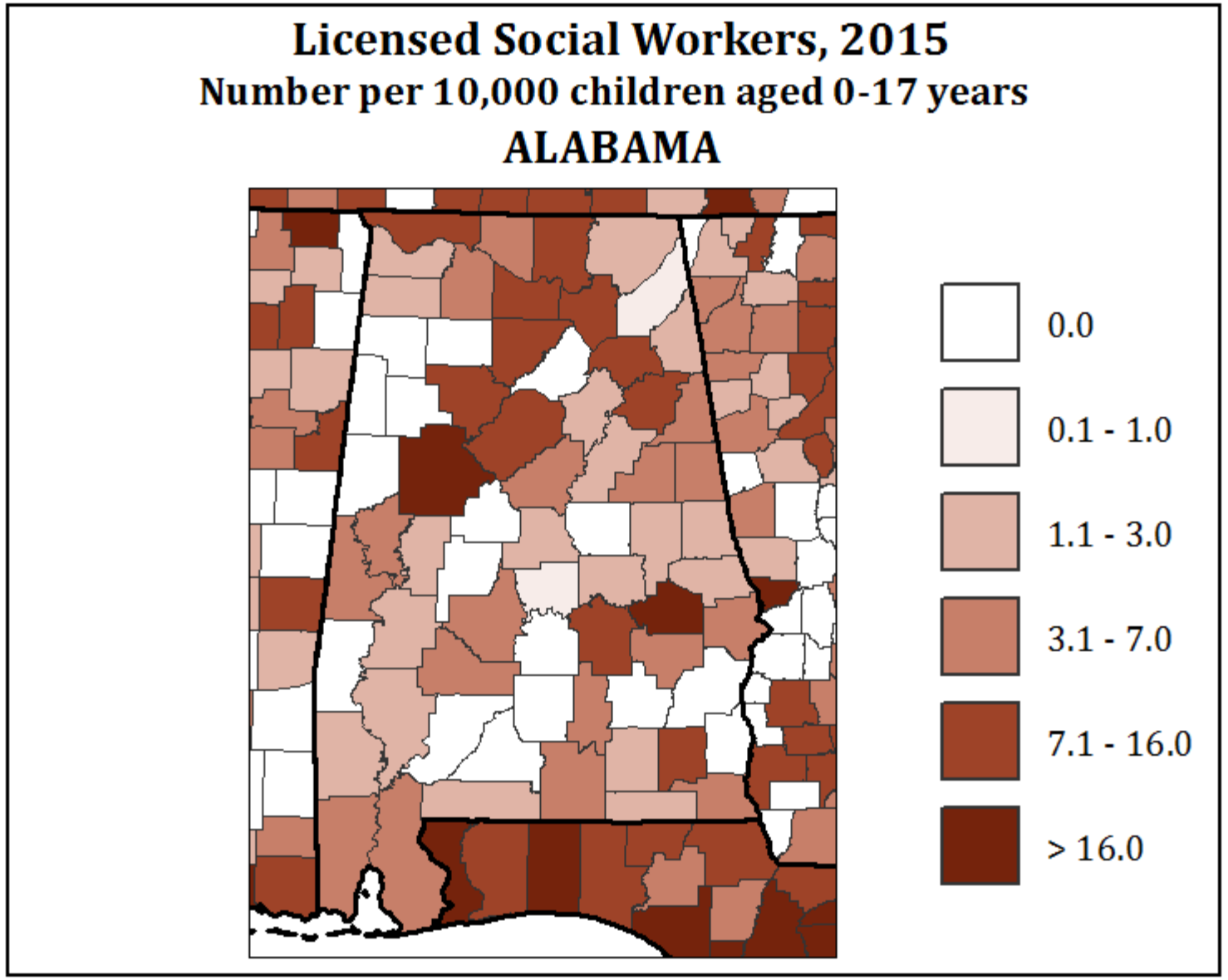
Total CAPs in Alabama: 90

Population age 0-17: 1,108,600 → **8 CAPs per 100,000 children**

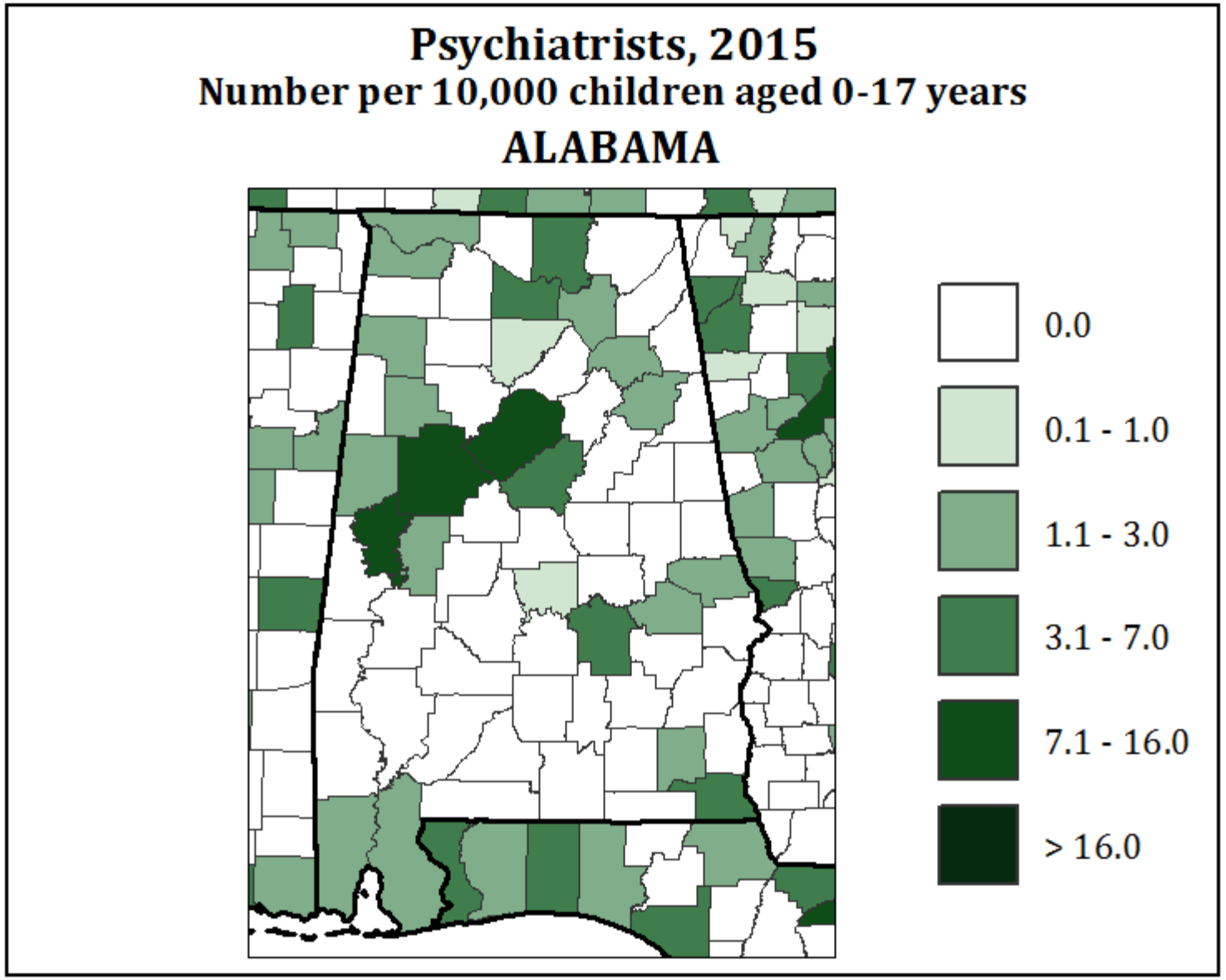
Average age of CAPs: 52

COUNTY	TOTAL CAPs	Population, Children Under 18
AUTAUGA	0	13,947
BALDWIN	1	44,622
BARBOUR	0	5,691
BIBB	0	4,731
BLOUNT	0	13,616
BULLOCK	0	2,306
BUTLER	0	4,781
CALHOUN	0	25,692
CHAMBERS	0	7,276
CHEROKEE	0	5,302
CHILTON	0	10,638
CHOCTAW	0	2,741
CLARKE	0	5,631
CLAY	0	2,925
CLEBURNE	0	3,510
COFFEE	0	12,049
COLBERT	0	11,844
CONECUH	0	2,713
COOSA	0	1,991
COVINGTON	0	8,377
CRENSHAW	0	3,168
CULLMAN	0	18,307
DALE	0	11,700
DALLAS	0	10,523
DEKALB	0	17,553
ELMORE	0	18,600
ESCAMBIA	0	8,313
ETOWAH	0	22,830
FAYETTE	0	3,661
FRANKLIN	0	7,692
GENEVA	0	5,928
GREENE	0	1,992
HALE	0	3,543
HENRY	0	3,650
HOUSTON	3	24,735
JACKSON	0	11,449
JEFFERSON	46	152,862
LAMAR	0	3,060

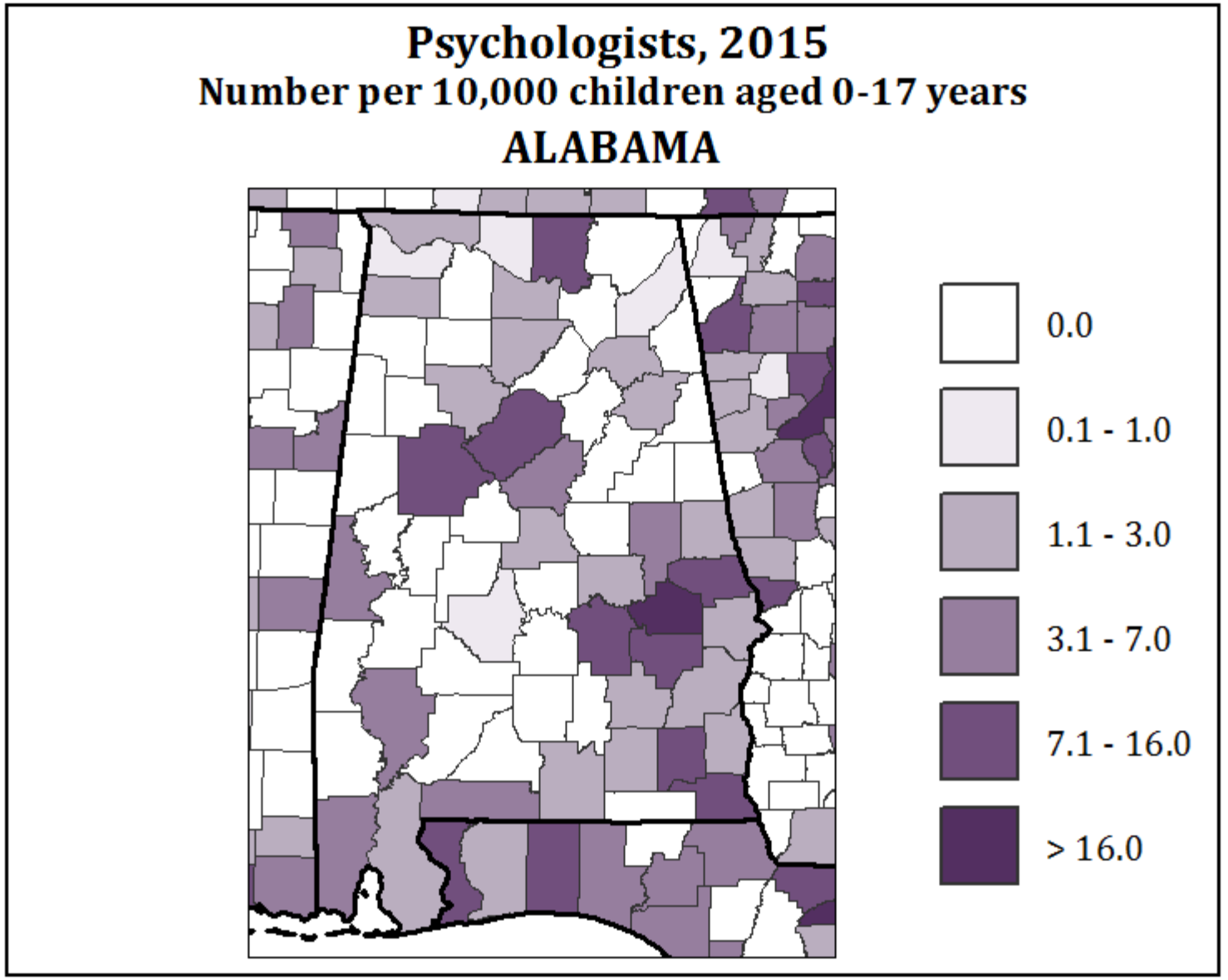
COUNTY	TOTAL CAPs	Population, Children Under 18
LAUDERDALE	2	19,340
LAWRENCE	0	7,276
LEE	2	33,262
LIMESTONE	0	21,253
LOWNDES	0	2,445
MACON	0	3,560
MADISON	8	78,612
MARENGO	0	4,625
MARION	0	6,407
MARSHALL	0	23,214
MOBILE	10	99,748
MONROE	0	5,136
MONTGOMERY	3	54,331
MORGAN	4	28,331
PERRY	0	2,205
PICKENS	0	4,172
PIKE	0	6,476
RANDOLPH	0	4,962
RUSSELL	0	15,066
ST. CLAIR	0	19,944
SHELBY	4	50,200
SUMTER	0	2,600
TALLADEGA	0	18,149
TALLAPOOSA	0	8,682
TUSCALOOSA	7	42,539
WALKER	0	14,473
WASHINGTON	0	3,786
WILCOX	0	2,757
WINSTON	0	5,057



https://www.cdc.gov/childrensmentalhealth/stateprofiles-providers/alabama/index.html



https://www.cdc.gov/childrensmentalhealth/stateprofiles-providers/alabama/index.html



https://www.cdc.gov/childrensmentalhealth/stateprofiles-providers/alabama/index.html

PIRC: A Community Collaboration

- The PIRC began as a shared vision between Children's of Alabama and the Anne B. LaRussa Foundation of Hope. The foundation is committed to improving mental health access and resources for women and children.

- Children's PIRC is one of three in the country. The other two are: Children's of Cincinnati's & Akron Children's Hospital. Both programs were models for Children's of Alabama's PIRC.

205.638.PIRC (7472)

PIRC

Psychiatric Intake Response Center (PIRC)

Children's of Alabama®

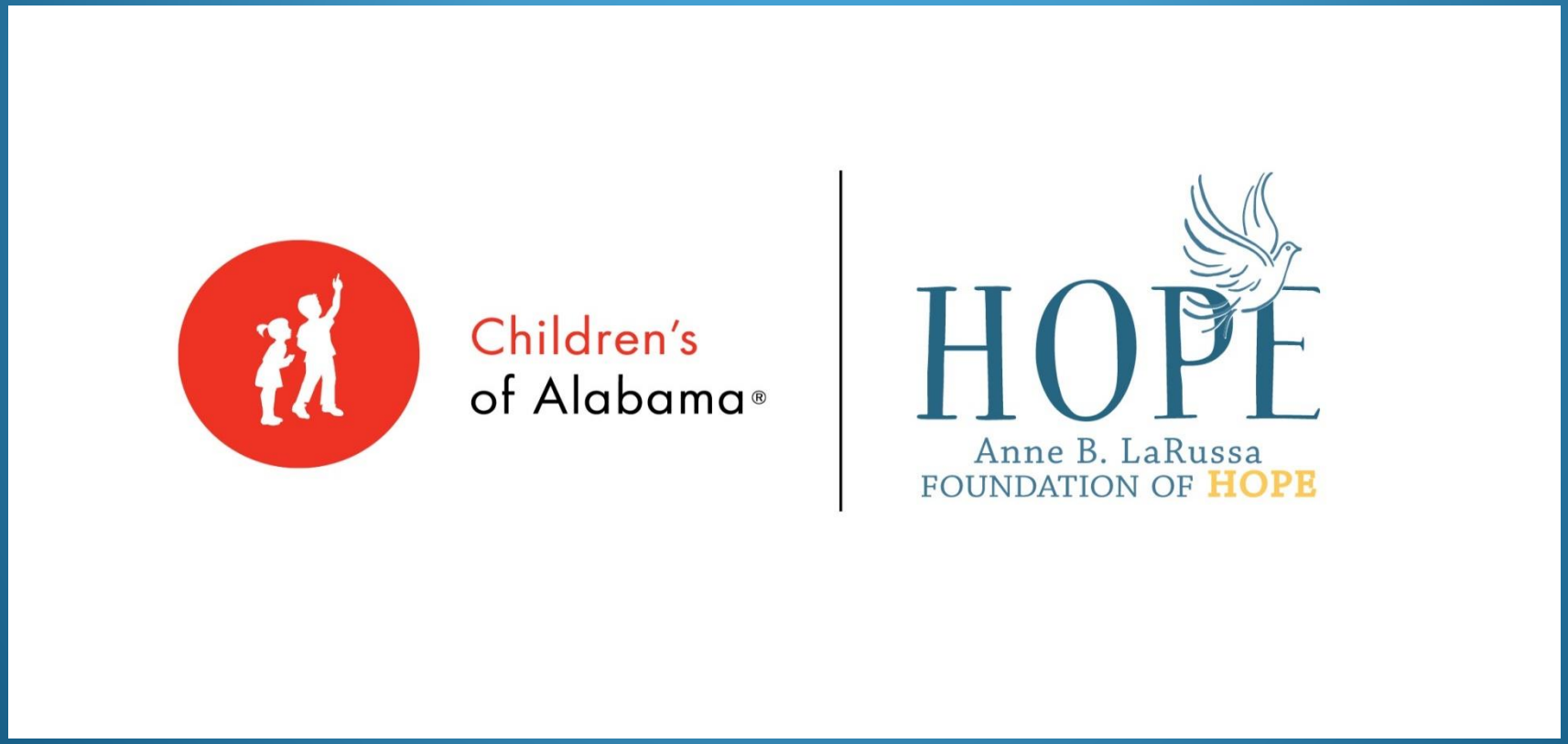
HOPE
Anne B. LaRussa
FOUNDATION OF HOPE

Navigating the mental health system for children and teens

- A confidential phone response center linking adult callers to mental health resources for children and teens.
- Licensed mental health professionals provide education and recommend the most appropriate treatment options.
- The center is not a suicide or crisis hotline. Callers with a child or teen at high risk may be referred to the nearest Emergency Room.
- The PIRC is open from 8 am -11 pm, 7 days a week and is based at Children's of Alabama.

PIRC

Psychiatric Intake Response Center



What is PIRC?

- A confidential phone response center linking adult callers to mental health resources for children and teens.
- Opened March 1, 2018
- Telephone and Emergency Department access to mental health professionals, who consult with the caller or patient/caregiver
  - Licensed Professional Counselors (LPC)
  - Licensed Independent Clinical Social Workers (LICSW)

Our Team











How can PIRC Help

- Recommendations for appropriate mental health care
- Mental health education
- Face-to-face assessments in Emergency Department
- Safety planning to prevent current or future crises
- Follow up phone calls

Call Center: Telephone Assessments

- PIRC staff receives information from adult callers—family member, physician, community agency, or school counselor.
- Outcomes of phone call:
  - Access to mental health professional
  - Realistic plan for care/need
  - Right community resource
  - Mental health education
  - Better informed community
  - Safety assessment and planning, including Emergency Services—ED, 911, if needed

Emergency Department: Assessments

Emergency Department: Assessments

- PIRC staff assesses ED patients as a part of the Psychiatric Consult Team.
- Outcomes of ED visit:
- Face-to-face assessment by mental health professional
- Safety planning, including “Preventing a Crisis” worksheet for guardian and child
- Recommendation of appropriate mental health resources
- Arrangement of admissions, transfers, or discharges
- Preparation for Children’s inpatient admission, i.e. orientation packet, interaction with inpatient staff, patient questionnaire

What PIRC is NOT

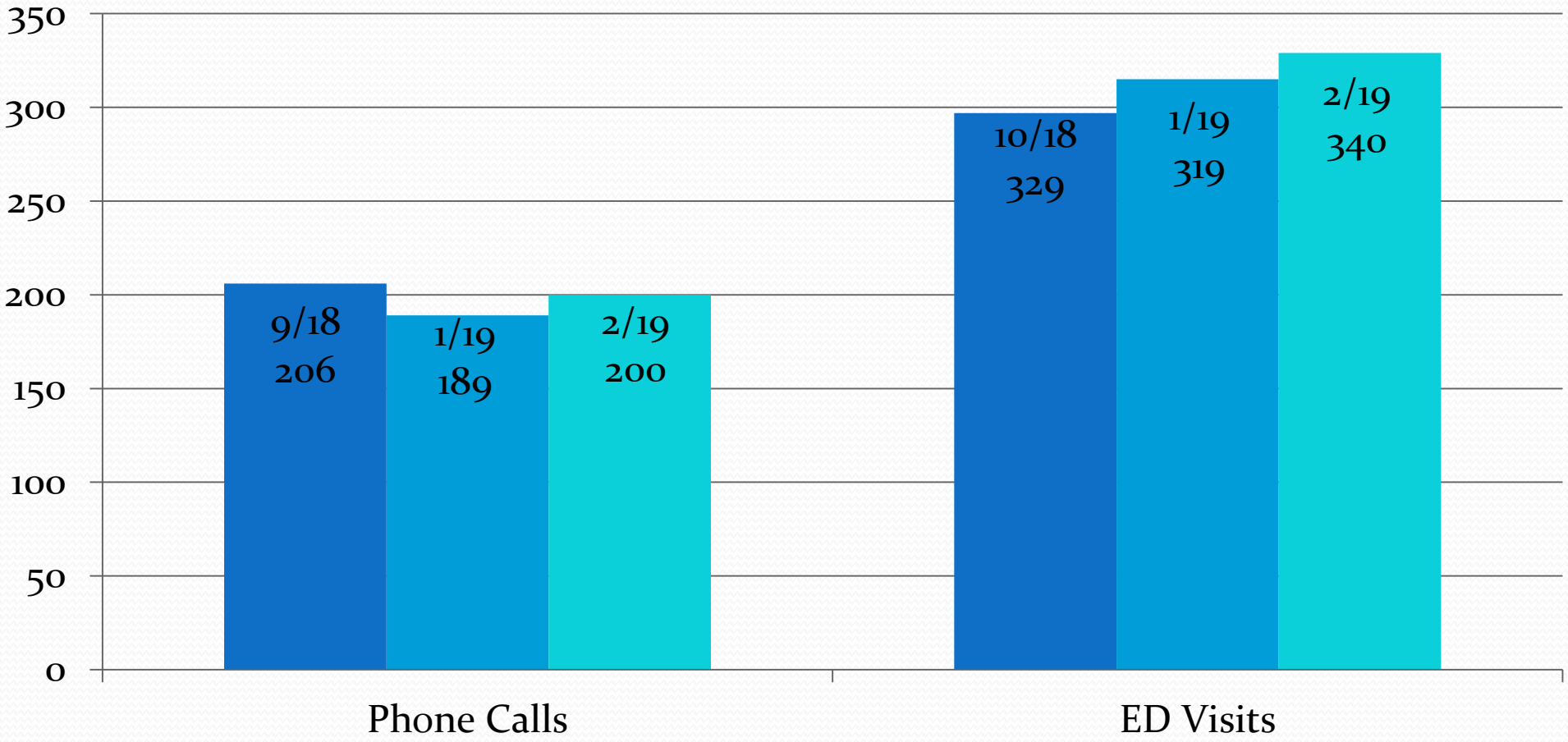
- Suicide or crisis hotline (will help anyone in crisis)
- For children or teen callers (will ask to speak with adult)
- Tele-counseling
- Urgent care center
- Walk-in appointments
- Appointment/scheduling line
- Medication re-fill line

- PIRC is a RESOURCE center and provides help to NAVIGATE the mental health system.

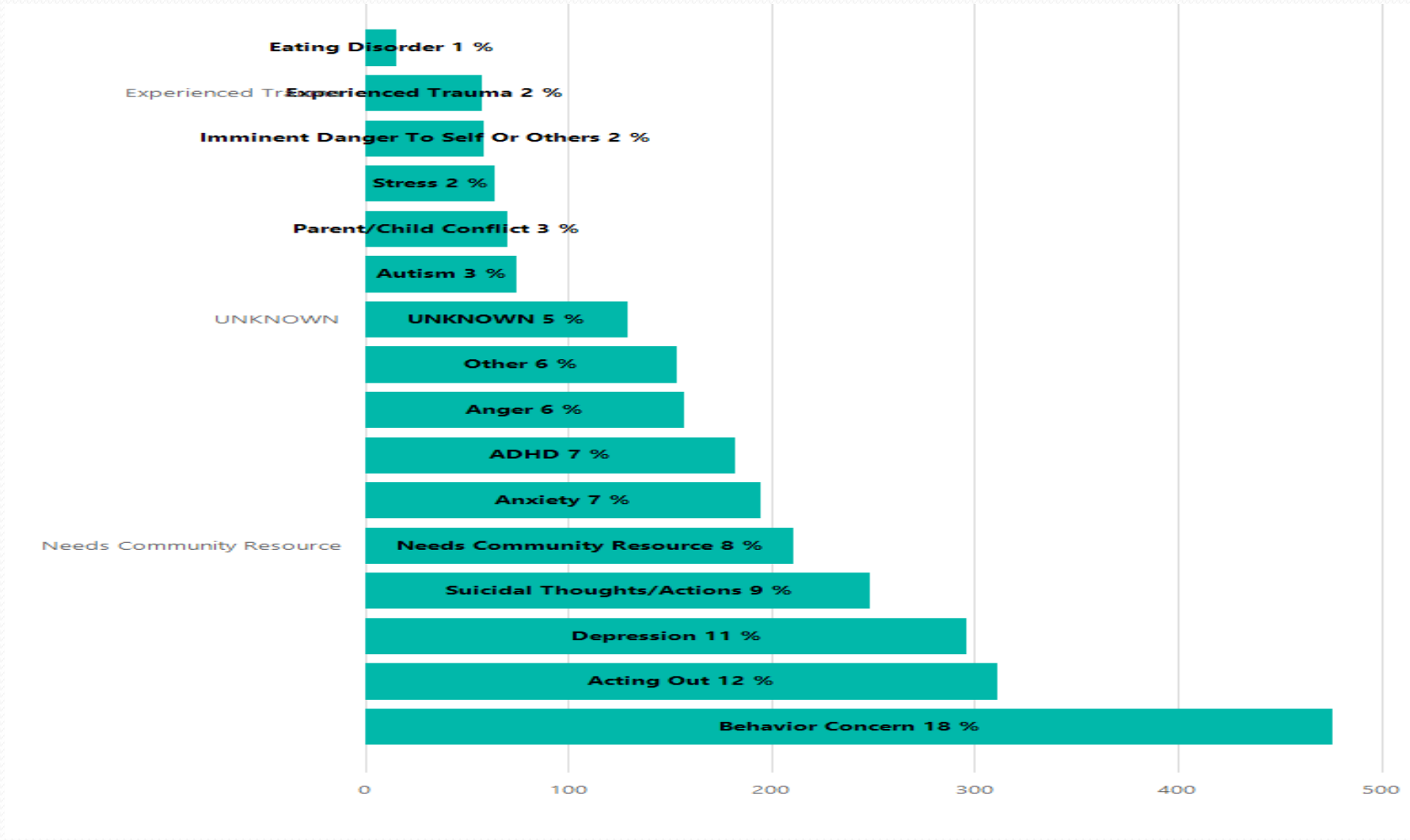
PIRC Statistics/12 Months

- 1,566 calls total, 130 per month. Majority of calls occur M-F, averaging 5-6 calls per day
- 3,625 visits consulted to the Psychiatric Consult Team
- More than 5,000 total PIRC services provided to ED patients and community calls.

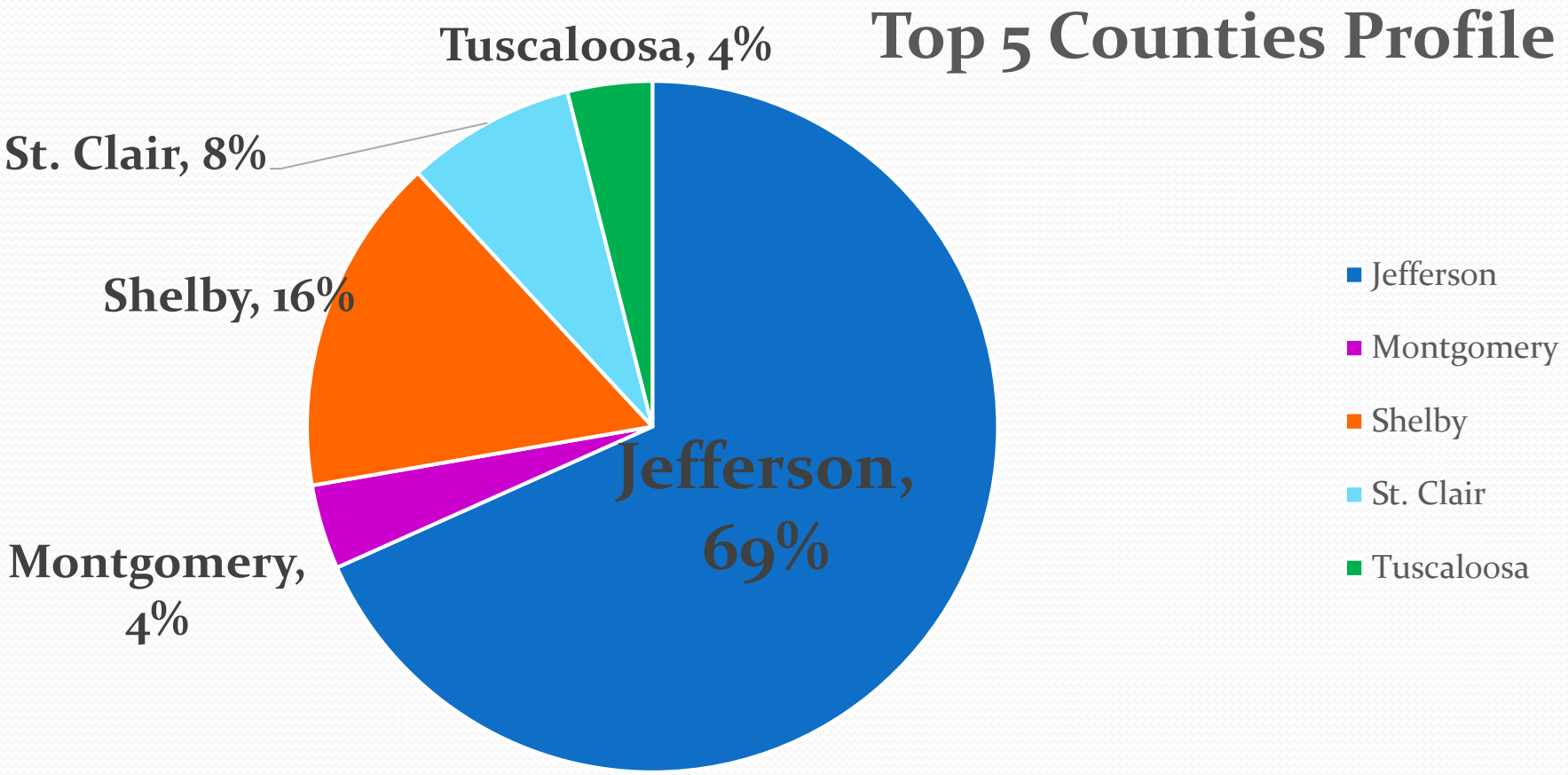
Highest Volume Months



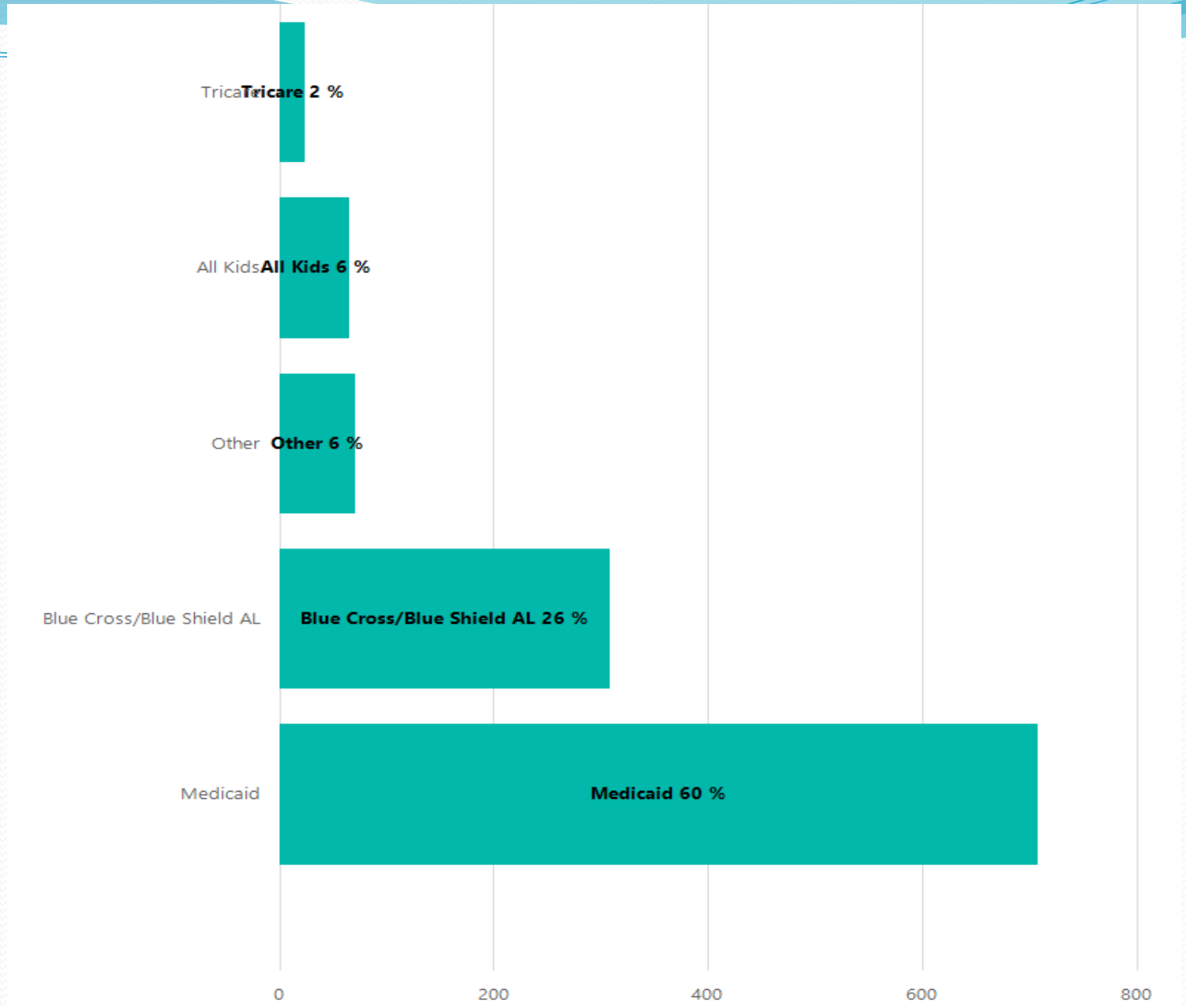
Caller's Primary Concern



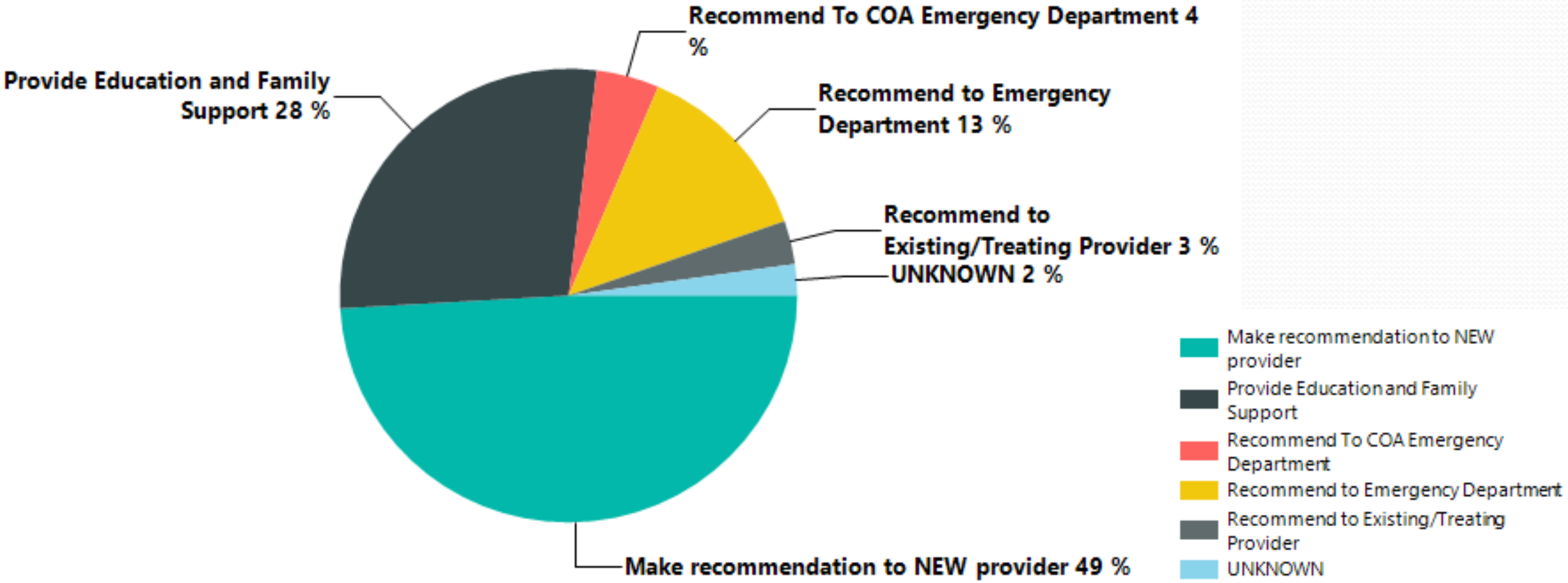
Top counties making the call



Top 5 Insurance Profile



Caller's Disposition Profile



What are the Benefits?

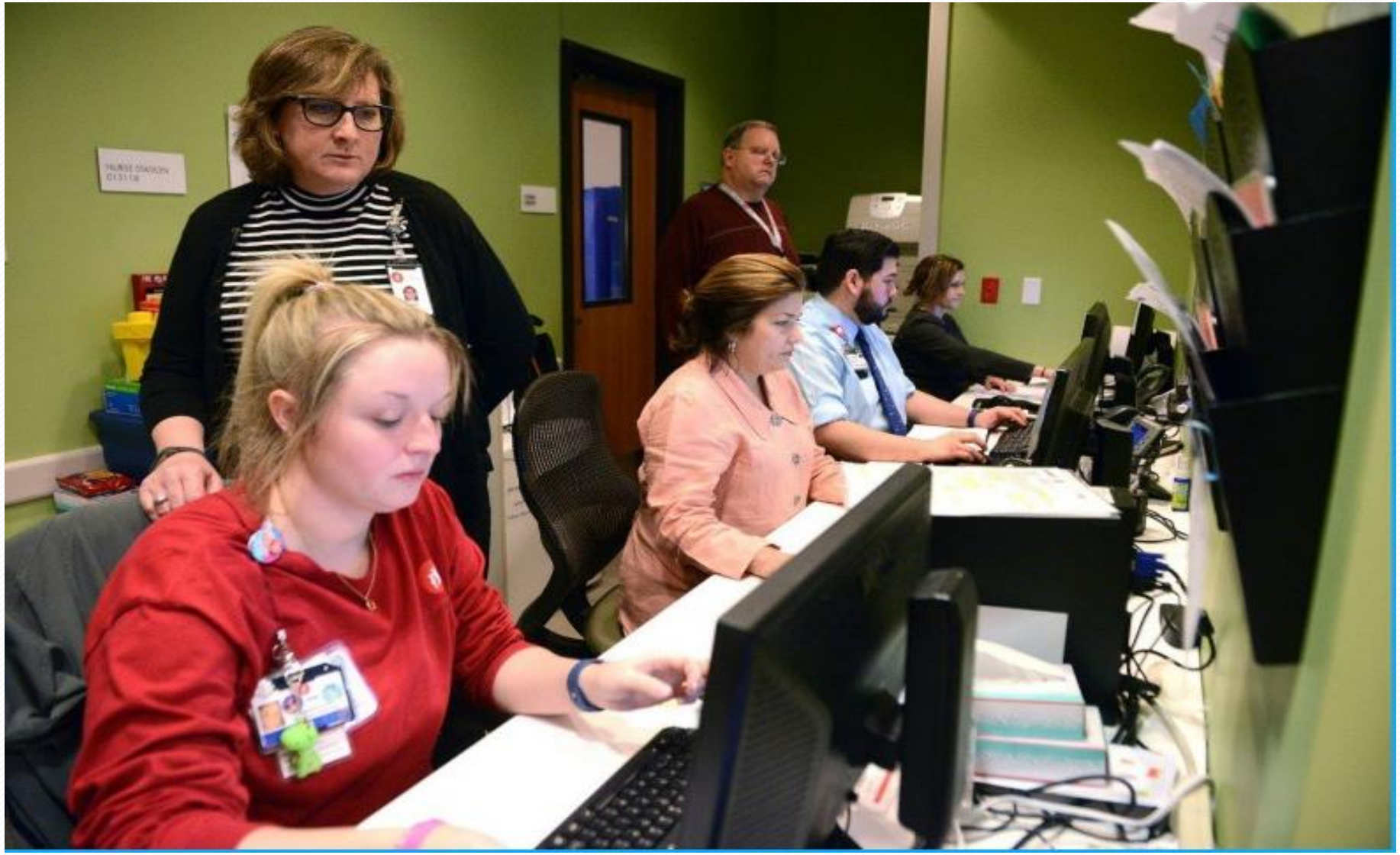
- Call center open 8 am-11 pm, 7 days a week
- Emergency Department open 24/7
- Recommend the most appropriate mental health services available
- Educate callers about mental health
- Safety planning to prevent current and future crises

Call Center: Telephone Assessments

PIRC staff takes information from adult callers—calls come from a family member, physician, community agency, or school counselor.

Outcomes from phone call:

1. Mental health education
2. Recommend right community resource
3. Recommend Emergency Services—ED, 911



What are the Benefits?

- COA
  - Greater investment in mental health needs
  - Throughput
  - Appropriate inpatient admissions
- Community
  - Immediate response
  - Centralized access point
  - Assess risk
  - Mental health experts provide navigation
  - Better informed by access to PIRC resources
  - Right resources for situation
  - Prevent crises

Future Growth

- Increase staffing to match volume and demand
- Implement Children's Behavioral Health Access Center. Designated PIRC staff to triage first time callers.

Future Growth

- Expand marketing and community outreach beyond 5 counties to areas with greater demand

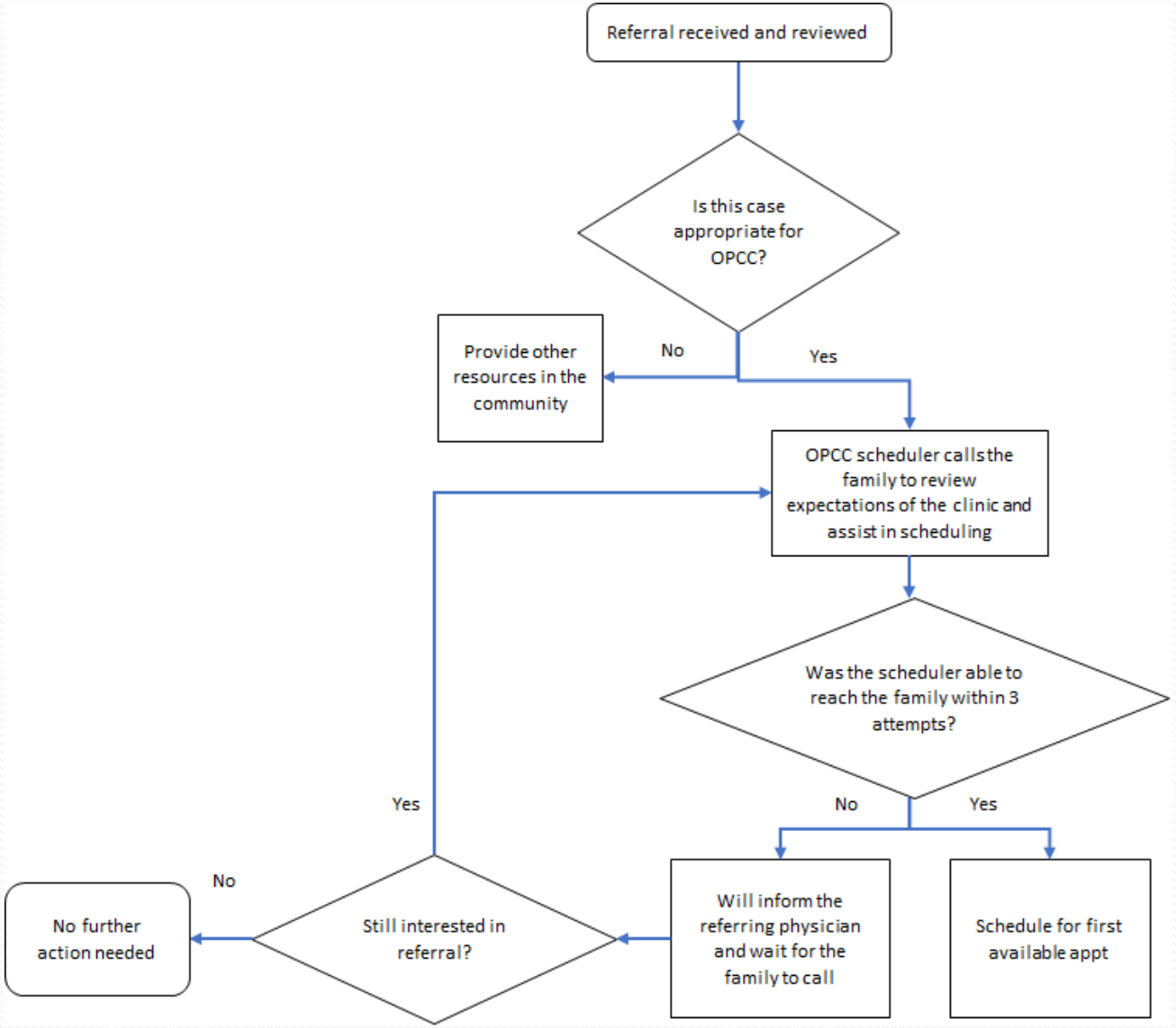
Important Info

- Phone number: 205-638-PIRC (638-7472)
- Confidential
- Phone center is staffed from 8 am – 11 pm, 7 days/week
- Emergency department open 24 hrs/7 days/week
- Receive calls from anywhere in the state
- Focused on a 5-county area, but expanding: Jefferson, Shelby, St. Clair, Walker and Blount.
- Tell your community: Family, friends, neighbors, colleagues, patients' families, and co-workers to call.

The Right Care at the Right Place at the Right Time

Outpatient Psychopharmacology Consultation Clinic (OPCC)

Yesie Yoon MD, FAAP
Assistant Professor of
Pediatrics & Psychiatry



OPCC referral form

THE UNIVERSITY OF ALABAMA AT BIRMINGHAM
Knowledge that will change your world

Patient sticker

Children's of Alabama

Outpatient Psychopharmacology Consultation Clinic(OPCC) Referral and Feedback

Date	□ Initial	□ Follow-up
Referring Physician Name :	Clinic :	
Office Address		
Fax ( )	Phone ( )	Email:

Patient Information

Name	□ female □ male	DOB	MRN
Legal guardian's Name		Phone ( ) -	
Address			
Insurance			

Current diagnosis_____

Medications tried _____

Reason for referral □ To clarify diagnosis □ Second opinion on medication regimen

□ Outpatient Psychiatry referral already made to _____. Needs bridge care until the intake

□ Other _____

Are you willing to continue psychiatric care for this patient after this consult? □ Yes □ No □ Unsure

_____

Referring physician's printed name/signature

Thank you for evaluating this patient. To facilitate communication and treatment, please make copies of this form to retain in the patient's record; complete a form after initial assessment; complete additional forms periodically during treatment (as indicated) and when treatment is terminated; and mail/fax/email completed form(s) to the physician listed above. This is not a request for copies of psychotherapy notes, which require a signed consent to release. I understand this is a consultation, not a referral for a long-term outpatient treatment referral. Thank you for your collaboration.

OPCC referral form

Consultant's Report Date_____

□ Patient did not make appointment. □ Patient made an appointment but did not keep appointment

□Patient was discharged for;_____

Initial Diagnoses;

1. _____
2. _____

Brief conclusion; _____

_____

Prescription given; _____

_____

Follow-up Arranged or Provided by Consultant:	Other Care Needed by referring physician
□ Med management _____	□Medication management by PCP/referring MD
□ Therapy _____	_____
□ Return visit _____	□Referrals recommended_____
□ Other	□follow up on labs_____

_____

Name (type or print) Signature

Please scan and email referral to; Attn: Yesie Yoon MD E-mail: yyoon@uabmc.edu

For questions, call CBH Ireland Center, Phone: 205.638.9193 Fax: 205.638.9949

HOPE
Anne S. LaRussa
FOUNDATION OF HOPE

Psychiatric Intake Response Center (PIRC)

Children's of Alabama

The Psychiatric Intake Response Center (PIRC) at Children's of Alabama links adult callers to mental health resources for children and teens.

WHAT?

- **Confidential phone calls** with a licensed mental health therapist.
- **Resources** provided for mental health services in your community.
- **Access** to a database of mental health resources primarily in Jefferson, Shelby, St. Clair, Blount and Walker counties. Efforts are made to identify resources outside of these counties, if needed.
- **Support and education** on mental health concerns and how to navigate the mental health system.
- **Safety planning** for current or future crises.
- **The center is not a suicide or crisis hotline.** Callers whose child or teen is at high risk may be referred to the nearest Emergency Room.

** Services provided by phone are not medical advice and should not be considered as such.*

WHEN?

- **Open 8 am to 11 pm every day of the week.**

WHO CAN CALL?

- **Any adult caregiver** who is seeking mental health assistance for a child or teen, including parents, grandparents, teachers, school counselors, pediatricians, nurses, law enforcement and social workers.

HOW?

- The PIRC staff listens to the caller and determines what services are needed for each case. Then, they access a database of providers and recommend multiple resources available in the caller's community.
- In the Emergency Room, the PIRC staff also assesses patients with mental health concerns. A multidisciplinary team decides the best plan of care.

Call us at 205-638-PIRC

Children's of Alabama 1600 7th Avenue South Birmingham, Alabama 35233 tel 205.638.9100
www.ChildrensAL.org/PIRC

Questions?

205.638.PIRC (7472)

PIRC

Psychiatric Intake Response Center (PIRC)

Children's of Alabama®

HOPE

Anne B. LaRussa FOUNDATION OF HOPE