

A Free Statewide Psychiatric Consultation Program for Pediatric and Perinatal Health Care and School-Based Providers

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Disclosure Statement

- Illinois DocAssist presenters have no relevant conflict of interest

Pediatric Mental Health Pre-Pandemic

Prior To COVID-19 Pandemic

- 20% of U.S. children (ages 3-17) had a significant mental health disorder (1) (2)
- 13.6% received treatment in early 2019 (3)
- Adolescent suicide rate increased by 57% (between 2007-2018) (4)
- Limited access to child and adolescent mental health specialists* (2)
- Approximately 75% of youth with psychiatric disorders were seen in primary care settings (2)
- A growing number of PCPs prescribed psychotropic medications, especially stimulants and selective serotonin reuptake inhibitors, to children with psychiatric disorders (2)

Pediatric Mental Health Becomes A Crisis

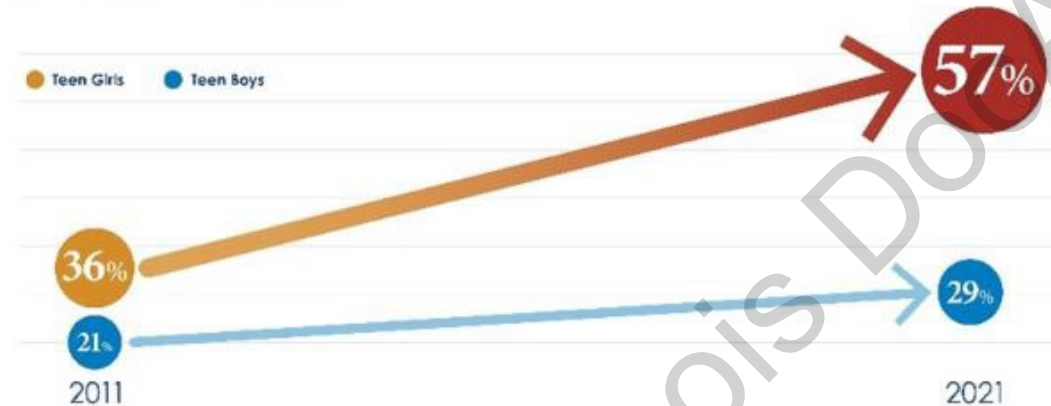
Since COVID-19 Pandemic (4) (5)

- 25% increase of U.S. children (ages 3-17) with mental health disorders
 - Depression and anxiety doubled
 - ADHD moderately increased
- Adolescent suicide attempts increased compared to early 2019*
 - 51% higher for girls
 - 4% higher for boys
- **National Emergency in Child and Adolescent Mental Health Declared – October 19, 2021**
 - **From 2019 to 2020:**
 - Pediatric preventive medical care visits dropped by 9 percent
 - Unmet health care needs grew by 32 percent.

American Academy of Pediatrics Website

CDC Reports U.S. Teens Experiencing Increased Sadness and Violence

TEEN GIRLS WHO PERSISTENTLY FELT SAD OR HOPELESS INCREASED DRAMATICALLY FROM 2011 TO 2021



TEEN GIRLS WHO EXPERIENCED SEXUAL VIOLENCE INCREASED

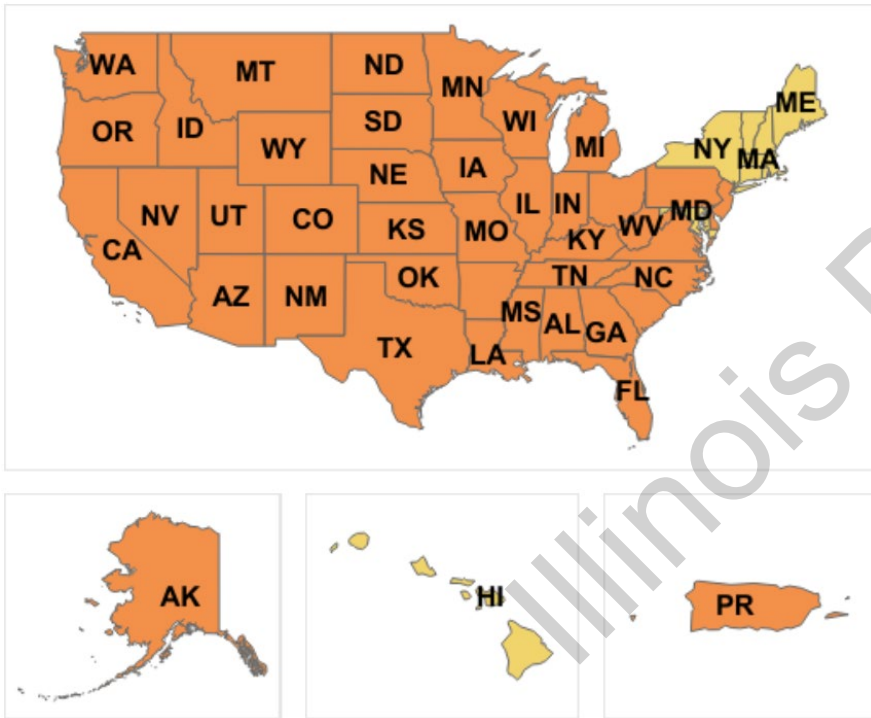
20%↑

BETWEEN 2017 AND 2021

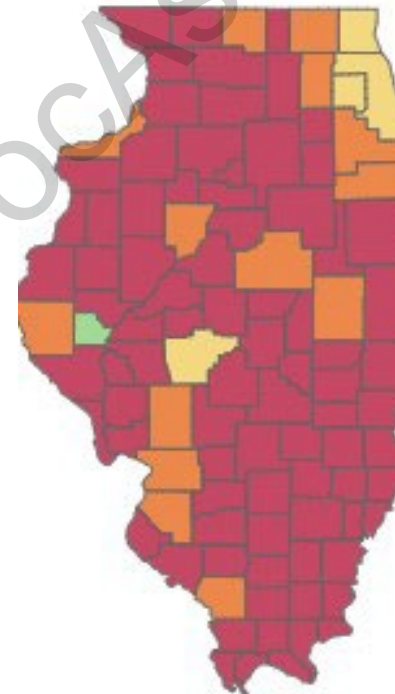
Center for Disease Control and Prevention. *Youth Risk Behavior Survey Data Summary & Trends Report 2011-2021*. chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://www.cdc.gov/healthyyouth/data/yrbs/pdf/YRBS_Data-Summary-Trends_Report2023_508.pdf. Published February 13, 2023

Child and Adolescent Psychiatrists (CAP) 2022 Statistics

Mostly Sufficient Supply (≥ 47) | High Shortage (18-46)* | Severe Shortage (1-17)* | No CAPs



Illinois County Map



Illinois Data

Total CAPs: **367**

Children <18 yo: **2,820,477**

CAPs/ 100k Children: **13**

Average CAP age: **51**

American Academy of Child and Adolescent Psychiatry (AACAP). (Retrieved 2022, April 28). Workforce Maps by State.
https://www.aacap.org/AACAP/Advocate/Policy_Resources/State_Workforce_Maps/AACAP/Advocacy/Federal_and_State_Initiatives/Workforce_Maps/Home.aspx?hkey=56cd4ca3-d496-4e93-82a9-ff19376b5ac9

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Perinatal Mental Health Rates

Up to 1 in 5 women suffer from perinatal depression

Up to 1 in 5 women experience at least one type of anxiety disorder during pregnancy or postpartum



American College of Obstetrician and Gynecologists [ACOG], "Depression and Postpartum Depression: Resource Overview". February 19, 2020.

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Perinatal Depression is Undertreated

6.3% of depressed postpartum women received adequate mental health treatment



Cox EQ, Sowa NA, Meltzer-Brody SE, Gaynes BN. The perinatal depression treatment cascade: baby steps toward improving outcomes. *J Clin Psych* 2016;77(9):1189-1200.

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Pregnancy-related Deaths From Drug Overdose and Suicide Are Preventable

- Leading cause of pregnancy-related death in Illinois
- Urgent public health concern
- Devastating consequences for mother, fetus/child, and family



Free Statewide Telephone Consultation to Pediatric and Perinatal Health Care Providers

Established 2008



ILLINOIS
DocAssist

Illinois DocAssist Services

Psychiatric
Consultation

Resources and
referrals

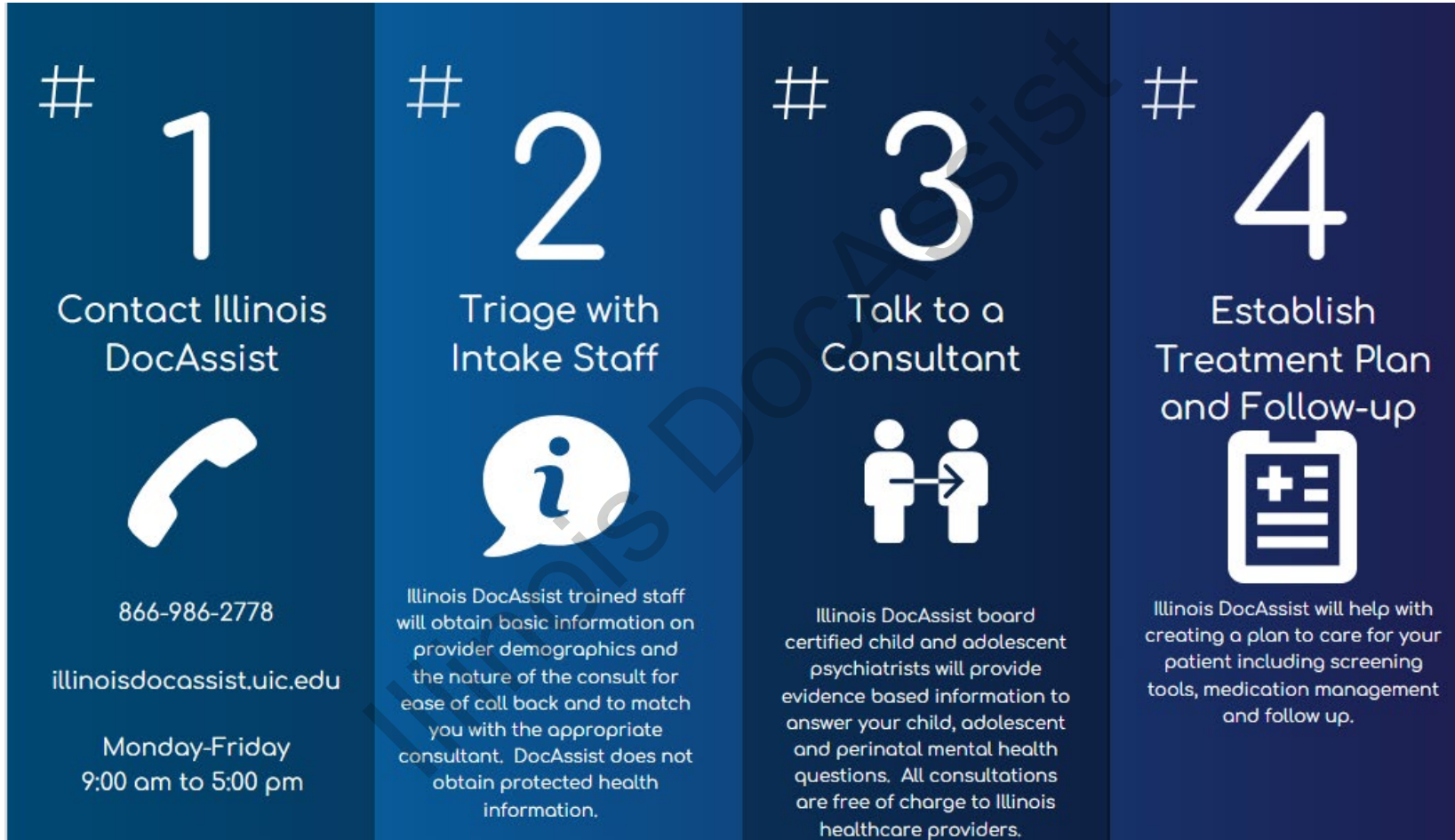


Education

Consultation

- **Consultation Can Be:**
 - Diagnosis and treatment of mental health and substance misuse disorders in general or for a specific patient
 - Medication consultation
 - Therapeutic interventions for the office
- **Consultants**
 - Double and triple boarded academic Child and Adolescent Psychiatrists and Perinatal Psychiatrists
 - Academic licensed clinical social workers specializing in pediatric and perinatal mental health
 - Certified MAT trainers
- **Consultation Process:**
 - Clinician to clinician communication
 - Scheduled or spontaneous call
 - Follow-up calls available and recommended
 - Same consultant available to help you throughout the case

Four Steps to Consulting with Illinois DocAssist



Treatment Referral Assistance

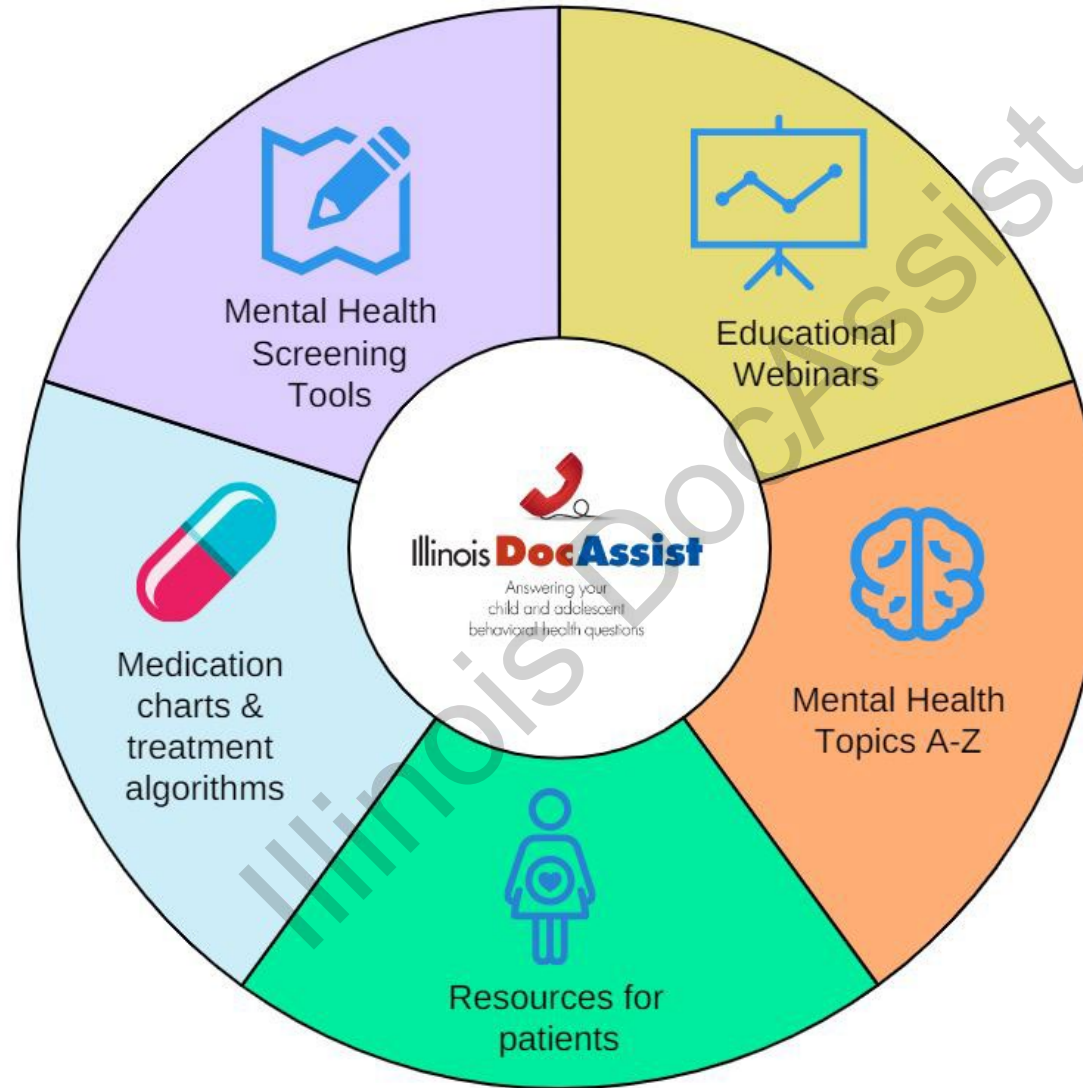
- **Referrals with Consultation**

- Vetted referrals provided for health care providers who receive a consultation
 - Therapy
 - Perinatal psychiatrist
 - Other type of referral resources
- About 3 referrals per referral request
 - Insurance
 - Languages
 - Services
 - Wait times

Continuing Education

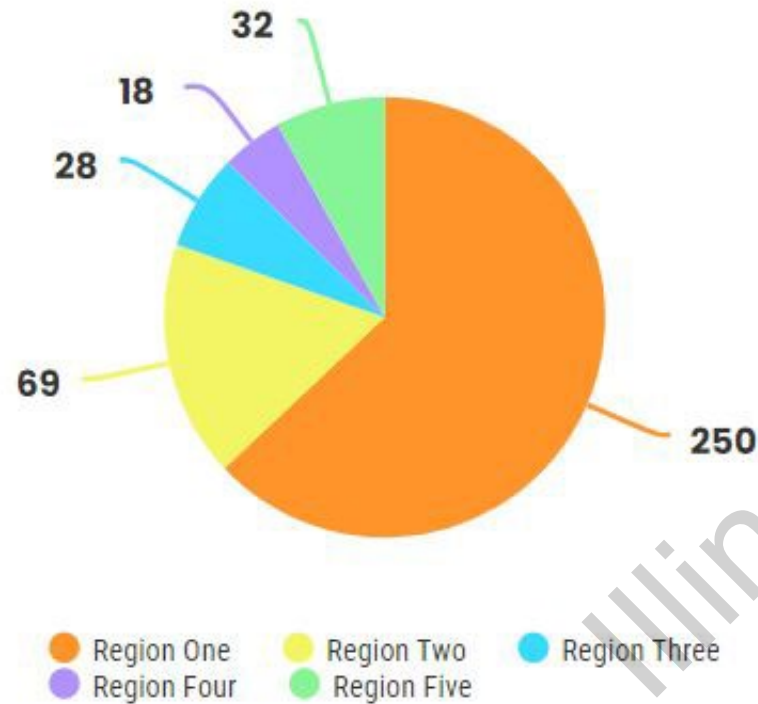
- **Pediatric and Perinatal Education**
 - Workshops
 - Presentations
 - Case Consultation Rounds
 - Webinars
- **Educational Format**
 - In person
 - Virtual
- **Other Educational Sources**
 - DocAssist Website
 - DocAssist Facebook, Twitter, You Tube, Monthly E-Newsletters

Digital Tools and Resources



Illinois HFS Funded Program

Consultations per Region



Region 1
186 Physicians
29 Nurse Practitioners
14 Nurses

Region 2
46 Physicians
12 Nurse Practitioners
5 Nurses

Region 3
18 Physicians
5 Nurse Practitioner
2 Nurses

Region 4
13 Physicians
1 Nurse Practitioners
0 Nurses

Region 5
26 Physicians
3 Nurse Practitioner
0 Nurses

Illinois DocAssist: Essentials

▪ Contact Information

- Consultation Line: 866-986-2778
- Email: docassistil@uic.edu
- Website:
illinoisdocassist.uic.edu

▪ Hours of Operation

- Monday through Friday 9AM – 5PM



DocAssist Common Q&A

Can I refer my patients directly to Illinois DocAssist?

No; Illinois DocAssist is a problem-based consultation and training service to healthcare providers.

Who can use the services?

Health care and school-based clinicians involved in the care and treatment of children, adolescents and perinatal women.

Do the consultation services cost me anything?

No; All services are free of charge

What is the response time for DocAssist consultations?

You can either schedule a consultation for a future date or time or initiate a consultation real time. A staff member will answer the phone live when you call and connect you with a consultant usually within 30 minutes and always within a business day.

Do you collect Protected Health Information (PHI)

We do not ask callers to provide us with any PHI except in the case of a child who is a ward of the state.

Who will provide the consultation services?

Experts in the care and treatment of children, adolescents, and perinatal women with psychiatric and substance use disorders.

Free CME webinar series on pediatric mental health for primary care providers

August 6th 12pm-1pm Foundations of Pediatric Mental Health Care

August 20th 12pm-1pm Diagnosis of Common Pediatric Mental Health Complications

Sept 9th 12pm-1pm Management of Pediatric Mental Health Conditions

Sept 23th 12pm-1pm Management of Complex Presentations (Pediatric Mental Health)

Presented in partnership by the Illinois Chapter of the American Academy of Pediatrics



Earning CME/CE for Participation

The Illinois Chapter, American Academy of Pediatrics designates each live webinar for a maximum of *1 AMA PRA Category 1 Credit(s)*[™].

Physicians should claim only the credit commensurate with the extent of their participation in the activity. Nurses and Nurse Practitioners can submit Certificates of Attendance to their accrediting board to claim credit for participation in the live webinars.

Partnering to
**EXPAND MENTAL
HEALTH CARE ACCESS**
for all kids in Illinois



Consultation Case Example



Case 1: Cyberbullying and Non-Suicidal Self Injury

- 14-year-old girl in middle school with a h/o being a victim of cyberbullying by classmates and involvement in social media drama
- The school nurse observes two long deep cuts on her arm that are poorly healing
- The girl reports she self-harmed using a pencil sharpener blade over the weekend as a suicide attempt
- School social worker reports to nurse that the girl has a h/o suicidal ideation and has been seeing the school psychologist
- Mental health history has not been shared previously with school nurse
- Parents are non-English speaking and culturally not accepting of mental health issues or treatment
- School nurse calls SASS

Case 1: Consultation Questions



- Was calling SASS the correct action?
- Are there other interventions that should be taken by the school nurse?

Case 1: Consultation Actions

- Discussed decision-making criteria for contacting SASS
- Discussed possible SASS evaluation outcomes and interventions school might need to take as a result
- Reviewed talking points about suicide attempt, need for enhanced mental health interventions, and rationale for calling SASS with parents and adolescent
- Discussed need for ongoing system of screening for and monitoring depression and suicidality at the school
- Educated on use of PHQ-9 and C-SSRS screeners and need for parental consent
- Recommended collaboration between school social worker, psychologist, and school nurse for at risk students

Case 1: Consultation Actions

- Provided talking points to facilitate a parental consent and student assent for school nurse to talk with student's PCP and how school nurse could collaborate with PCP
- Discussed how PCP could utilize IDA for assistance and how school nurse could facilitate this
- Recommended school nurse follow-up with a Safety Plan and monitor use of outpatient referrals after student is stabilized by SASS
- Educated school nurse on level of depression severity and need for therapy vs therapy and an antidepressant
- Recommended providing education on mental health issues and cyberbullying to students and parents at the school

Case 1: Resources & Referrals

- Bilingual Resources: Safety Plan, PHQ-9, CSSRS
- Referrals for Bilingual Services: Outpatient psychiatrists
Outpatient therapists
- Resources for school cyberbullying prevention program
- IDA follow-up call the next day with school nurse

Case 2: Young Child

- School nurse calling about a 4-year-old male pre-school student
- First school experience
- Significant behavioral difficulties in school
- Aggression to peers and adults posing safety concerns
- Individualized Education Plan (IEP) in place already for Emotional Disability
- Autism Spectrum Rating Scale (ASRS) elevated
- Child has Medicaid Managed Care Organization (MCO) insurance
- No history of mental health treatment
- Illinois Screening Assessment and Support Services (SASS) has been called multiple times this school year
- Admitted to Partial Hospitalization Program (PHP) in the last week
- Parent informed school that he was asked to discontinue PHP program due to aggressive behavior with no return to school plan

Case 2: Consultation Questions

- What other steps can the provider take to help this child?
- What treatment resources are recommended and available?



Case 2: Consultation Actions

- Recommended calling SASS again to ensure there is awareness of hospital dismissal and that ongoing SASS involvement is needed to seek alternate placement.
- Coordination with child's pediatrician
- Explore meaning of child's behavior with educational team and family
- Assess for trauma and family stressors
- Investigate therapeutic preschool placement options with educational team and school district.

Case 2: Resources and Referrals

- Screener for early childhood trauma
- Referral resources for psychiatric evaluation for a young child
- Referral resources for therapy with emphasis on family participation
- Autism testing referral resources

Case 2: Two week Follow-up

- SASS was able to assist with advocating for continuing PHP- adjusting to half day attendance to accommodate this child's needs.
- Connected to psychiatrist and Autism testing within the hospital system the child's pediatrician was affiliated with.
- Educational team meeting scheduled to determine educational placement needs of child- possible therapeutic preschool
- Child on 2-month waitlist for therapy through local MH agency

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Thank You!



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