

**Robert Lee Sutherland Seminar XV
Hogg Foundation for Mental Health**

Concurrent Session II: Prevention and Early Intervention Approaches
Summary Notes

Prachi Shah, MD

Optimizing Early Childhood Mental Health: The Need for an Integrated Approach

- What is Happening in Pediatrics
 - The Current State of Social-Emotional Screening
 - American Academy of Pediatrics recommendation
 - Challenges and barriers to identifying social-emotional problems in primary care
 - We really need to think about integrated health care since isolated health care is NOT working
- American Academy of Pediatrics Initiatives
 - Algorithm for developmental surveillance & screening (July 2006) in primary care
 - Many organizations came together and made recommendations
 - Formal screening tools for use at 9, 18, 30 months
 - Tools are focused on development not social-emotional health
 - AAP Task Force on Mental Health
- The Challenge of Assessing Social-Emotional Development
 - Developmental shift vs. developmental deviance
 - Misconceptions of what constitutes social/emotional help and social/emotional development
 - Hard to know what is normal and what is not
 - i.e., 2 year old having tantrums and being oppositionally defiant but what if a 5 year old is doing this?
 - We need to know where to draw the line – is it affecting interpersonal relationships?
- Healthy Social Emotional Development Allows a Child to...
 - Display, regulate and control his emotions
 - Form healthy attachments with others
 - Demonstrate empathy for others – be kind and interact with others
 - Play and learn with others
 - Socially relate and connect with others
 - If these are not so, it may be signs of worrisome social-emotional development
 - We look at functioning levels for adults to find worrisome social-emotional development, why not kids
- Worrisome Social-Emotional Development
 - Inability to socially relate to others
 - Lack of emotional regulation
 - Behaviors interfere with the ability to maintain family routines, or ability to go out in public
 - Behaviors interfere with interpersonal relationships

- Can serve as a challenge to the care giving system, and disrupt the early parent-child relationship
- Understanding early social – emotional development can help us with the early identification of developmental pathology and child psychopathology
 - If not addressed early, it can persist
- The Challenge of Assessing Social-Emotional Development
 - Challenge of integrating data from multiple sources
 - Parents under report symptoms because of stigma
 - Parent may demonstrate reporting bias – parents with psychological disabilities may see problems in child that are not there
 - Challenge of obtaining data from multiple informants
 - Challenge of assessing impairment
 - Difficult to quantify impairment in young children
 - Young children’s development is embedded within the care giving context (Carter, 2004)
 - E.g., with adults, you can say that alcohol is interfering with work; however, with a child, could you have them understand that their temper tantrums are interfering with school.
 - Infant development is intimately related to the quality of the early parent-child relationship (Zeanah, 2001)
- We need to come out of the traditional medical model. We must examine behavior in terms of parents/child relationship
- How are behavioral health problems related to family relationships and how are family relationships related to community relationships
- Developmental concerns are common and many are missed
- Early Childhood Comprehensive Systems of Care
 - Implement system for kids promoting health and wellbeing
 - Family support services
 - Psychoeducation
- Early Childhood Intervention (ECI) mission – supports families to help their children reach their potential through developmental services
- Support early relationships helping parents S.O.A.R.: The Role of ECI
 - S: Support parents in their parenting role: building a therapeutic alliance
 - O: Observe child, parent, and dyadic interactions
 - A: Assimilate the information: pulling it all together, identifying parent/child strengths/vulnerabilities and how to help
 - R: Reflect, Reframe, Reinforce, Rediscover, (or Refer when necessary) – Helping parents with strategies, hooking parents up with help
- Summary
 - Identifying social-emotional concerns in primary care is often difficult
 - Early intervention providers are a valuable source of information and a helpful resource for pediatricians
 - Early intervention providers are important partners with pediatric providers to optimize early social-emotional health
 - Think more broadly and early mental health starts at birth

Susan Winslow

Prevent Mental Illness with Early Detection www.preventmentalillness.org

- \$15 million lifetime costs for each new case of schizophrenia
- Mission of the Portland Identification and Early Referral (PIER) initiative – Reduce the incidence of mental illness (such as schizophrenia and bipolar disorder) in the Greater Portland area through early intervention
- Project Overview
 - PIER uses education (for whole community), Clinical Work, and Research
 - Education
 - Material development, professionals, and general public
 - Use advertising firm, ads on TV and newspapers, and put up posters
 - Clinical Work
 - Assessment, psychosocial treatment, pharmacological treatment
 - Two psychiatrists on staff for medication if necessary
- The center does not look like a mental health clinic and many people would not get help if it did
- Youth Education Examples
 - 2-3 session on early warning signs as part of the obligatory 10th grade health curriculum
 - Art and literature contests
 - PSAs
 - Has website that is teen friendly www.preventmentalillness.org
- Professional and Public Education
 - Reduce stigma
 - Ongoing inter-professional collaboration
 - Information about modern concepts of psychotic disorders
- Program – ACT Team
 - Program director, nurse/team leader, two child psychiatrists, clinical social worker, psychiatric nurse, employment specialist, occupational therapist, care manager (helps low-risk clients access services)
- Family-aided Assertive Community Treatment (FACT): Clinical functional intervention
 - Rapid, crisis-oriented initiation of treatment
 - Psychoeducational multifamily groups – saves money
 - Care management using key ACT methods
 - Supported employment and education – kids want to be successful in school
 - Cognitive assessments in school or job
 - Low-dose atypical antipsychotic medication
 - Mood stabilizers, as indicated by symptoms
 - Try to get kids into pediatrician office but if they cannot the organization will come to the kid. Mobility is important.
- World Wide Studies conducted showing conversion rates

Alicia Kowalchuk, DO

An Overview of the InSight Screening Brief Intervention and Referral to Treatment (SBIRT) Program

- Objectives
 - Screen ALL patients for problematic use of alcohol and drugs – inpatient, primary care, and ER patients
 - Provide all patients with brief advice on healthy choices about alcohol and drugs
 - Refer patients who screen positive to SBIRT
 - Provide a team of SBIRT specialists for intervention, follow-up, and if necessary, treatment placement
- Screening Principles
 - Condition Is Common – Need to know that substance use is common
 - Good Screening Tool – needed it to be short and to fit in with their current screening. Did a top-down approach to finding screening tool and looked at many
 - Condition is Treatable – chronic medical disease mode of addiction continuing this education that there is treatment and hope and they will provide treatment they need
- What does screening do?
 - Communicates a level of caring and comfort with the issue
 - Emphasizes that problems related to alcohol and drug use are important medical issues
 - May prevent initiation of use by giving this message
- Targeting at risk users who may have had DUIs or are at the doctors due to accidents while drunk
- Screen = Ask + Advise + or – Refer
 - Patient comes to the regular medical visits and gets screened with the short tool
 - When was the last time you had more than four drinks in one day?
 - Do you use marijuana, cocaine, or other drugs?
 - If the patient is abstinent, then ask why and try to detect if there was previous substance use or a family history of substance use disorder
 - This is good information for providers to have
 - If the patient has low-risk substance use, the health care professional should provide a reinforcing prevention message that they may read from a script “Based on your screening results you do not use drugs and if you drink, you do so within healthy limits.
 - If the patient tests positive with screen,
 - They give brief feedback including a 1 to 5 minute statement or discussion
 - Express concern of use
 - Stating risks of continued use
 - Benefits of cessation or cutting back
 - Recommend referral to SBIRT specialist
 - Normalize ongoing dialog so that the patient knows it is a normal part of medical care
- InSight Specialist’s Role
 - Assess referred patients
 - Offer patients the highest level of services needed
 - Provide service agreed to

- Motivate patients to cut down, stop, and make healthy choices about substance use
 - Document services and provide feedback to primary care team
- If At-Risk Substance Use Found
 - Brief interventions 15-20 minutes, up to 6 sessions, motivational interviewing
- If Substance Abuse Found
 - Brief intervention 45-60 minutes, up to 12 sessions, motivational interviewing
- If Substance Dependent
 - InSight Clinic
 - InSight Referral Specialists or the Outreach, Screening, Assessment and Referral (OSAR) agency at the Council on Alcohol and Drugs
 - Outside Resource List (especially when grant ends)
- Success
 - SBIRT has shown to a positive shift in general health, but not much change in mental health
 - \$4,104,646 net cost savings to Harris County Hospital District (HCHD)
 - Increase of 1308 visits to HCHD because of a shift from ER to outpatient health centers which is what they wanted
- Rationale
 - Risky and problematic alcohol use is common in ambulatory, inpatient and emergency room settings
 - Most affected people receive no intervention or treatment
 - Early identification and intervention can prevent adverse effects, improve other health outcomes and save money