Identifying and referring pediatric and adolescent patients to Collaborative Care

Learning objectives

- Discuss special considerations needed when implementing Collaborative Care with pediatric and adolescent patients and their caregivers.

Collaborative Care target population

- Ages 6-8 years and above
- Patients with depression and/or anxiety
  - Can have comorbidities such as ADHD or some substance use
- Caregivers willing and able to engage
  - Less necessary for older adolescents
- Adolescents willing and able to engage

Patients not appropriate for CoCM

- Requiring CMH-level services
- Currently under the care of a psychiatrist
- Consider your program inclusion criteria based on team comfort:
  - Significant developmental disability
  - Significant self or other harming behavior
  - Bipolar disorder
  - Psychosis
  - Significant eating disorder symptoms
  - Significant substance use disorder
  - Obsessive compulsive disorder

Commonly used screening tools (1 of 2)[1]

Condition	Tool	Ages
Depression	Patient Health Questionnaire-9 (PHQ-9)	12 and older
	Patient Health Questionnaire- for Adolescents (PHQ-A)	12 and older
	Short Mood and Feelings Questionnaire (SMFQ)	6-19
Anxiety	Generalized Anxiety Disorder-7 (GAD-7)	12 and older
	Screen for Child Anxiety Related Disorders (SCARED)	8-18
	Patient-Reported Outcomes Measurement Information System (PROMIS)	8 and older
General mental health and development	Pediatric Symptom Checklist -17 item (PSC-17)	4-17
	Pediatric Symptom Checklist -35 item (PSC-35)	4-16
	Survey of Well-being of Young Children (SWYC) Forms	2-60 months

Commonly used screening tools (2 of 2)[1]

Condition	Tool	Ages
Behavior/ADHD	NICHQ Vanderbilt Assessment Scale with subscales (Vanderbilt)	6-12
Trauma	Screen for Child Anxiety Related Disorders – Post Traumatic Stress (SCARED-PTS)	7-19
	Child and Adolescent Trauma Screen (CATS)	7-17
	Child Trauma Screen (CTS)	6-17
Suicide	Columbia Suicide Severity Rating Scale (C-SSRS)	6 and older
	Ask Suicide-Screening Questions (ASQ)	8 and older
Drug Use	CRAFFT	12-18

Patient Health Questionnaire-9 (PHQ-9)

Over the last 2 weeks, how often have you been bothered by any of the following problems?

Not at all 0	Several days 1	More than half the days 2	Nearly every day 3

1. Little interest or pleasure in doing things
2. Feeling down, depressed, or hopeless
3. Trouble falling or staying asleep, or sleeping too much
4. Feeling tired or having little energy
5. Poor appetite or overeating
6. Feeling bad about yourself or that you are a failure or have let yourself or your family down
7. Trouble concentrating on things, such as reading the newspaper or watching television
8. Moving or speaking so slowly that other people could have noticed. Or the opposite being so fidgety or restless that you have been moving around a lot more than usual
9. Thoughts that you would be better off dead, or of hurting yourself

Patient Health Questionnaire- for Adolescents (PHQ-A)

Over the last 2 weeks, how often have you been bothered by any of the following problems?

Not at all 0	Several days 1	More than half the days 2	Nearly every day 3

1. Feeling down, depressed, or hopeless
2. Little interest or pleasure in doing things
3. Trouble falling or staying asleep, or sleeping too much
4. Poor appetite or overeating
5. Feeling tired or having little energy
6. Feeling bad about yourself or that you are a failure or have let yourself or your family down
7. Trouble concentrating on things like schoolwork, reading, or watching TV?
8. Moving or speaking so slowly that other people could have noticed. Or the opposite, being so fidgety or restless that you have been moving around a lot more than usual
9. Thoughts that you would be better off dead, or of hurting yourself in some way

Acute safety concerns: suicidal ideation

- Suicidal ideation is a common symptom of depression
- Important to know when immediate intervention is needed; positive responses require further acuity assessment
  - PHQ-9 and PHQ-A, question 9: Thoughts that you would be better off dead or of hurting yourself in some way
- **A workflow for suicidal ideation** should be built into any Collaborative Care model as well as a **policy that all practice staff are familiar with**

Short Mood and Feelings Questionnaire (SMFQ)

For each question, please check how much you have felt or acted this way in the past two weeks. If a sentence was true about you most of the time, check **TRUE (2)**. If it was only sometimes true, check **SOMETIMES (1)**. If a sentence was not true about you, check **NOT TRUE (0)**.

1. I felt miserable or unhappy
2. I didn't enjoy anything at all
3. I felt so tired I just sat around and did nothing
4. I was very restless
5. I felt I was no good any more
6. I cried a lot
7. I found it hard to think properly or concentrate
8. I hated myself
9. I was a bad person
10. I felt lonely
11. I thought nobody really loved me
12. I thought I could never be as good as other kids
13. I did everything wrong

Generalized Anxiety Disorder-7 (GAD-7)

Over the last 2 weeks, how often have you been bothered by any of the following problems?

Not at all 0	Several days 1	More than half the days 2	Nearly every day 3

1. Feeling nervous, anxious, or on edge
2. Not being able to stop or control worrying
3. Worrying too much about different things
4. Trouble relaxing
5. Being so restless that it is hard to sit still
6. Becoming easily annoyed or irritable
7. Feeling afraid, as if something awful might happen

Is Ian appropriate for CoCM?

Ian is 9-year-old male who presents to the PCP given concerns about increased **anxiety, irritability, anger and agitation**. Ian's mother wants more guidance around what to do with his difficult behaviors. Ian has severe **deficits in verbal and non-verbal communication** and was **diagnosed with Autism** when he was 3 years old. Ian's mother has always had some concerns about his behaviors. However, things have **worsened significantly over the last 2-3 months** without a clear trigger.

Is Sam appropriate for CoCM?

Sam is a **15-year-old female** who has been more isolated and irritable lately. She was previously very involved in dance team at school and dance club outside of school. However, lately she has not been wanting to go and she recently decided to **quit the school team**. She reports being **too tired** and simply **no longer interested**. Sam's mother has noticed that she has been eating less and often **skips dinner so that she can go back to bed**. Sam describes feelings of **hopelessness and worthlessness**. Her grades are dropping, and her mother recently got a notice from school that several assignments are missing. This is not like Sam who is usually an A/B student.

Is Marge appropriate for CoCM?

Marge is an 11-year-old female with an increase in **anxiety and irritability**. Her adult sister brings her to the appointment because their parents are at work. Marge does not have any major concerns. On interview she admits to having a significant amount of **worry about everyday things**. She articulately describes concerns about social situations, like speaking up in class and making new friends. She goes on to describe worry around going to school in general due to bullying. Marge's sister has difficulty describing the irritability because she moved out of the home for college 3 years ago. However, the sister describes witnessing some odd behaviors during a recent visit home. Marge was **not sleeping well** and seemed **more agitated** and "jumpy." Marge has a history of **mild Autism Spectrum Disorder and anxiety**, and there is a **family history of bipolar** in patient's father. Marge has never seen a therapist or psychiatrist and her symptoms were mild and manageable before now.

Understanding and involving caregivers

- Are often worried or tired
- May fear judgment
- Can be unaware of developmental implications
- Have competing demands or priorities
- Might feel their perspective is more valuable than the patient's
- Carry generational or cultural "shoulds"

Dual engagement

- Engage both the patient and their caregivers:
  - Gathering information from both, separately if possible
  - Listen and validate
  - Work toward understanding the family context
  - Address barriers to participation and communication

Introducing CoCM to patients and caregivers: roles

- The patient and caregivers are an important **part of the team**
- The **PCP will continue to oversee** all aspects of the patient's care
- The **BHCM works closely with the PCP** to implement the treatment plan while keeping track of progress and providing additional support
- The **PC does not see the patient** but provides guidance for the team
- All team members **share one treatment plan**

Introducing CoCM to patients and caregivers: expectations

- Early intervention is crucial
- This is **not typical therapy**—contact is shorter and often by phone
- There may be **parallel goals** for the patient and caregivers; changes may be required from everyone
- Goals will be **developmentally appropriate** and respectful
- Medications may be recommended but aren’t required

Verification of insurance coverage

- Does the patient's insurance cover CoCM services?
- Is there a cost share associated with CoCM services?
  - Blue Cross Blue Shield of Michigan (BCBSM) has waived cost sharing including deductibles, coinsurance and copayments.

Obtaining consent for CoCM

- Consent for Collaborative Care can be **verbal or written**
- Consent must be **documented in EHR** before services begin
- Consent should include the patient and caregiver:
  - Permission to consult with psychiatric consultant and specialists
  - Billing information including cost sharing, if applicable
  - Disenrollment can occur at any time
    - Effective at end of month if billing

Adolescent consent and confidentiality considerations

- Under what circumstances will your clinic allow an adolescent to **consent to their own Collaborative Care**?
- What, if any, **clinic policies** need to be created or amended?
- How will you **ensure confidentiality** of their CoCM records?
- If the adolescent is on their **caregiver's insurance**, how will you educate them about possible disclosures from the insurance company?

Warm handoff or referral to behavioral health care manager

- If BHCM is available, provide a warm handoff
  - Ask BHCM for exam room drop-in
  - *I'd like to introduce _____. They work closely with me to help patients who are feeling (down/worried/depressed/anxious). I'd like for you to meet them while you are here today.*
- If BHCM is not available to meet patient face-to-face
  - Send chart/note to BHCM for outreach
  - Make sure patient or caregivers are aware they will be receiving a phone call

Care coordination

- Identify who the adolescent is receiving services from
- Describe how care coordination is beneficial and your goals in sharing and obtaining information
- Where applicable, obtain consents and release of information forms
- Discuss potential referrals for specialty care with the rest of the team

Resources (1 of 2)

- AIMS Center Pediatric Collaborative Care Implementation Guide
- AIMS Center Patient Health Questionnaire 9 (PHQ-9) Resources
- Patient Health Questionnaire – for Adolescents (PHQ-A)
- Short Mood and Feelings Questionnaire (SMFQ)
- Generalized Anxiety Disorder 7
- Adolescent Health Initiative Michigan Confidentiality and Minor Consent Laws

References

1. AIMS Center. (2023). Pediatric Collaborative Care Implementation Guide. University of Washington Department of Psychiatry and Behavioral Sciences, Advancing Integrated Mental Health Solutions (AIMS) Center. https://aims.uw.edu/wordpress/wp-content/uploads/2023/06/Pediatric-CoCM-Implementation-Guide_Final-Reduced-Size.pdf