

EFFECTIVE COLLABORATION:

Where we've been, where we
are, and where we're going

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Who is the Child Psychiatrist?

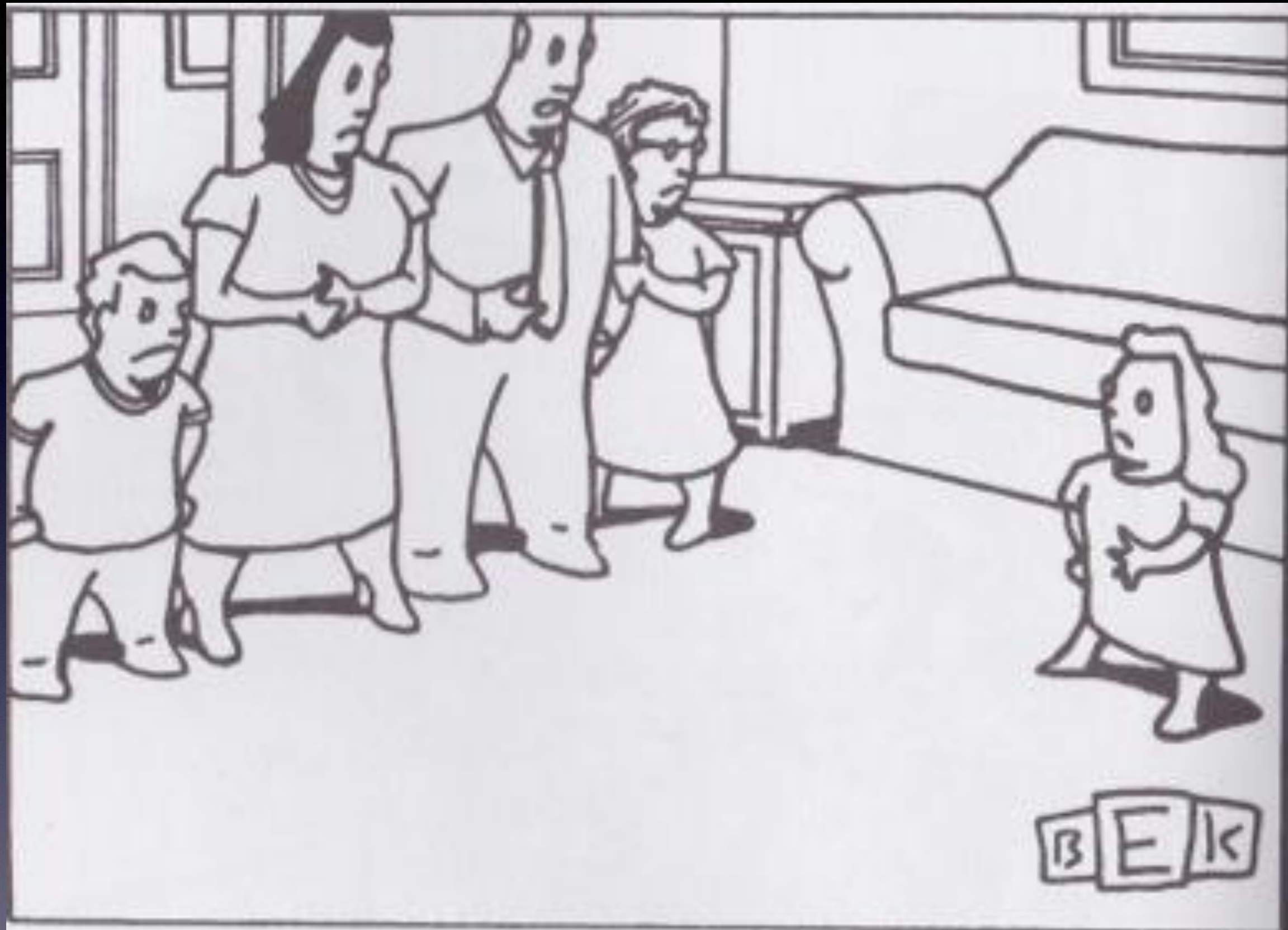
- Consultant
- Diagnostician
- Medication Manager
- Collaborator within larger systems of care: “split care”
- Rarely ongoing therapist and Primary Caregiver

Child and Adolescent Psychiatry as a hybrid discipline

- Historical focus on psychological development of the individual child: psychoanalysis and the Child Guidance Model
- Family Systems and the child in context
- The Medical Model and Categorical Diagnosis
- Synthetic diagnosis and the BioPsychoSocial approach: George Engel
- Learning Theory and Behavioral Treatment

Psychoanalytic Theory

- Emphasis on the developing personality: Anna Freud
- The unique experience of the individual child
- Symptoms as a part of a developmental framework
- The importance of relationship as both formative and curative
- John Bowlby's revolution and the importance of Attachment



"Bad news—we're all out of our minds. You're going to have to be the lone healthy person in this family."

Family Systems

- Child suffering in context
- Cross generational influences
- The family as transmitter of culture
- Contagion of anxiety and distress
- Broader application of systemic thinking to other systems

The Medical Model

- The search for medical legitimacy
- Changes in DSM: categorical diagnosis and what it's good for
- Adult diagnostic categories for children: e.g. Elva Poznanski MD discovery of depression
- Focus on medication and the development of the "Psychiatric Toolbox"

Medication in the Toolbox

- Stimulants: >60% prescribed by PCPs
- Antipsychotics: 35-40% by PCPs
- SSRIs: 40-50% by PCPs

Olfson et al. Stimulant Treatment of Young People in the United States. JCA Psychopharm 2016

Edelsohn et al. Trends in Antipsychotic Prescribing in MA Eligible Youth. JAACAP 2016

Sultan R et al. National Patterns of Commonly Prescribed Psychotropic Medications to Young People. JCA Psychopharm 2018

Learning Theory and Behavioral Treatments

- Behavioral therapies in adults: desensitization
- Cognitive Behavioral Therapies and the introduction of Buddhist approaches
- “the brain is the only organ that can heal itself”
- The benefits and dangers of application of scientific approaches to therapy

New Additions

- From Psychoanalysis: Attachment Theory and MBT
- From Learning Theory: DBT and the importance of the observing self
- From BioMedicine: Epigenetics and gradual movement from 19th to 21st century brain research
- From Collaboration: The Boston Change Process Study Group

Where we are now: Incidence of Mental Health Problems in Kids

- 1 in every 5 children and adolescents (14 million) in the United States suffer from mental illness severe enough to cause some level of impairment
- Top 5 causes of disability in youth
- 1/2 of all chronic mental illness begin by age 14
- Youth suicide rates are on the rise: now the 2nd leading cause of death for age 10-24year olds
- <20% of these children ever receive treatment from a mental health professional!

Prevalence of Pediatric age group disorders

ADHD	5-8%
Anxiety Disorders (any)	6-8%
Major Depression	
• Children	2%
• Adolescents	5%
Diabetes Mellitus, Type I	0.2%
Cerebral Palsy	0.2%
Epilepsy	0.3%



UH-HUH... UH-HUH...
UH-HUH... **YES**, I'M
WRITING IT DOWN!

THE BLACK HOLE OF MESSAGES

ZIEGLER

Many Children have ADHD Diagnosis

- The estimated number of children ever diagnosed with ADHD, according to a national 2016 parent survey is 6 million (9.4%). This number includes:

388,000 children aged 2-5 years

4 million children aged 6-11 years

3 million children aged 12-17 years

- Boys are more likely to be diagnosed with ADHD than girls (12.9% vs 5.6%)

Children with ADHD experience other problems

- Nearly 2/3 of children with ADHD have another mental health problem
- About 1/2 have behavior difficulties
- About 1/3 experience clinical levels of anxiety
- 17% have diagnosable depression

Patterns of Treatment for ADHD in Children

- 62% receiving medication
- 32% receiving medication alone
- 15% receiving behavioral treatment alone
- 30% receiving both behavioral and medication

Relevant ADHD issues for schools that medication doesn't help

- Executive Function problems: disorganization
- Short term auditory memory problems
- Need for high intensity stimulation and tendency toward boredom
- Increased capacity for daydreaming

BiPolar Illness in the school age child:

- Diagnosis of this disorder is controversial
- Occurs in 1-3% of youth, primarily adolescents
- Three types: Bipolar I, Bipolar II, and mixed
- Differentiate from DMDD (Disruptive Mood Dysregulation Disorder), which is chronic and not cyclic and does not predict BiPolar Illness in adulthood
- There is a history of fad over diagnosis

Depression

- Problems with diagnosis
- Controversies about effectiveness of medications
- Beyond influence on current function and suffering, severity of symptoms may predict later suicide in young adulthood

The Controversy of Personality Disorder Diagnosis

- Reluctance of clinicians to diagnose in spite of clear presence of patterns of behavior
- DSM V permission to diagnose in adolescence and even children
- Paulina Kernberg's contribution
- DSM V approaches to diagnosis: the three clusters versus the alternative diagnostic model

Diagnosing Borderline Personality Disorder

- **DSM V Criteria: Need 5 with at least 1 year duration**

1. Abandonment Avoidance
2. Interpersonal Relationship Intensity
3. Identity Disturbance
4. Impulsivity
5. Self Harm and/or suicidal behavior
6. Affective Instability
7. Chronic feelings of Emptiness
8. Inappropriately Intense Anger
9. Stress-related Paranoid Ideation

DSM V Options for Diagnosis

- The Three Clusters:

Cluster A: Odd/Eccentric

Cluster B: Dramatic/Emotional (where Borderline rests)

Cluster C: Anxious/Fearful

The Alternative Model of Personality Disorder Diagnosis

- First Dimension: a scale of overall personality function
- Second Dimension: 5 trait domains
 1. Negative affectivity
 2. Detachment
 3. Antagonism
 4. Disinhibition
 5. Psychoticism

Borderline Personality Disorder

- How Common Is this disorder among Adolescents?

Among patients entering MH system, incidence increasing since 2000, likely due to willingness to diagnose

Among Outpatients, roughly 11%

Among Hospitalized Patients, between 19 and 53%

Among CPEP patients referred for suicidal behavior, 78%

Some Additional Ideas about Borderline Function

- Characteristic Defenses: Splitting and Projective Identification
- Characteristic Attachment Models: Anxious Preoccupied (Ambivalent) and/or Anxious Disorganized

Borderline Personality

- Influence of Peter Fonagy's formulation of Disorganized Attachment as formative
- Implications of Transference in working with Borderline adolescents: the paradox of the negative effects of appropriate intimacy
- Mentalization Based Therapy
- Does Medication Help?

Obsessive Compulsive Disorder: just a few points

- OCD affects up to 4% of children and adolescents
- Geller et al: 9 there are two peaks in pediatric OCD: one in prepuberty and the other in late adolescence or early adulthood
- co-occurrence of mental disorders is quite common in pediatric OCD, and is estimated at approximately 40%. The most common co-occurring disorders are anxiety disorders, tic disorders, and depressive disorder

To Know about OCD

- Length of time between first experience of symptoms and diagnosis is long
- Without treatment, symptoms long lasting, 40% into adulthood
- Treatment combining CBT and SSRI is very effective

Suicide among Adolescents

- In Monroe County, between 2 and 4 suicides annually, with 4 in 2019
- Second most frequent cause of death among 10 to 24 year olds
- Estimated that for every suicide death there are between 25 and 50 attempts
- Over 1 million children or adolescents treated by a nurse or physician for suicidal behavior annually

Children and Adolescents treated for Mental Health Problems at SMH Behavioral Health: The Good News

- Trending from 2050 in 2010 to >2500 in 2019
- Mobile Crisis Team saw 635 children and adolescents in 2019
- 486 pediatric age patients hospitalized on 4-9000
- Partial Hospital Program treated 347 adolescents
- Combined Outpatient Clinic visits were over 47,000, treating more than 4500 patients

The Bad News: Waiting Lists

- 300 Children and youth on waiting list for our Outpatient Services (40% of those already have a MH provider)
- Partial Hospital Program currently has 40 adolescents on WL, will increase to 90 by March: 10% of admissions to Inpatient Services will be from that waiting list

New Programs at SMH

- Opening Golisano Behavioral Wellness Center will increase outpatient capacity by 1/3
- Partial Hospital services will add a new team, increasing their total patient population to 33, again an increase by nearly 1/3
- Establishment of the Behavioral Health Crisis Phone Line

Communication!

- Partial Hospital: Teachers always communicate and both schools and PHP may feel this is enough but it's not. Call PHP at 273 1773, ask to speak with the therapist, who will call you back
- Inpatient: call 275 5300 and ask for the social worker, who will call you back
- If all else fails, Contact Tasha Wilson 275 3518

Written Forms

- The forms suggested from Project TEACH NY and SMH are identical to those in the hand out today. Be realistic about actually getting them. Instead use them as a template in phone conversation

Using Mobile Crisis Team

- Recently expanded services to include children and adolescents, including hiring a Child Psychiatrist available for crisis intervention
- Should be seen as an alternative to Mental Health Arrest and CPEP evaluation
- In cases of Suicide or Homicide threat, child can be seen even if parent cannot be contacted
- Family Advocacy
- Consultation services also available

Where we're going: U of R Outreach Projects

- Clinical Outreach - clinical services in schools
- Primary Prevention Projects focused on suicide and substance abuse

Imbedded Mental Health Projects In Schools

- Rochester Regional Health Programs
- Intersectionality Project with Greece, Wheatland Chili and East High School
- Expanded School Mental Health Program

Sources of Strength

- National program with NY state support, initiated in local schools (Pittsford and Penfield) as well as rural schools throughout the state
- Peter Wyman PhD PI
- Focuses on the use of student leaders and adult mentors to influence school culture
- Research support for effectiveness

