



Teaching Residents in Child & Adolescent Psychiatry about Systems of Care: Participating in a Collaborative Care Model

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OBJECTIVE

1. Describe Child and Adolescent Psychiatry for Primary Care (CAP PC) www.cappcnny.org a systems of care model.
2. Describe how this model was incorporated into an elective to teach CAP residents.

BACKGROUND

- In the United States, roughly 20% of school-age youths have a diagnosable mental condition, but there is an insufficient number of Child and Adolescent Psychiatrists (CAPs)^{1,2}.
- 75% of all children with mental health (MH) disturbances are seen in primary care setting, which is ideal for identifying, evaluating, and initiating MH services, especially for common disorders such as ADHD, or Anxiety^{3,4,5}.
- Barriers to treatment in primary care include:
 - Inaccessibility of the CAPs for consultation
 - Primary Care Physician's (PCPs) discomfort with lack of training and insufficient time⁵
- Collaborative care can facilitate treatment in the primary care setting:
 - Educating PCPs about MH referrals, and treatment whether on-site or through consultation⁶
- Integrated care models were recommended by AACAP's best principles in 2012⁵.
- However, CAP residents are not routinely trained in a systems of care model⁶.
 - Only 63% of CAP residents regularly participate in MH-PCP programs⁷.
 - 77% of CAP residency Program Directors do not feel their programs prepared graduates for MH-PCP models. The limitations included clinical service demands (40%), and lack of CAP faculty interest or availability (17%)⁷.

CAP PC

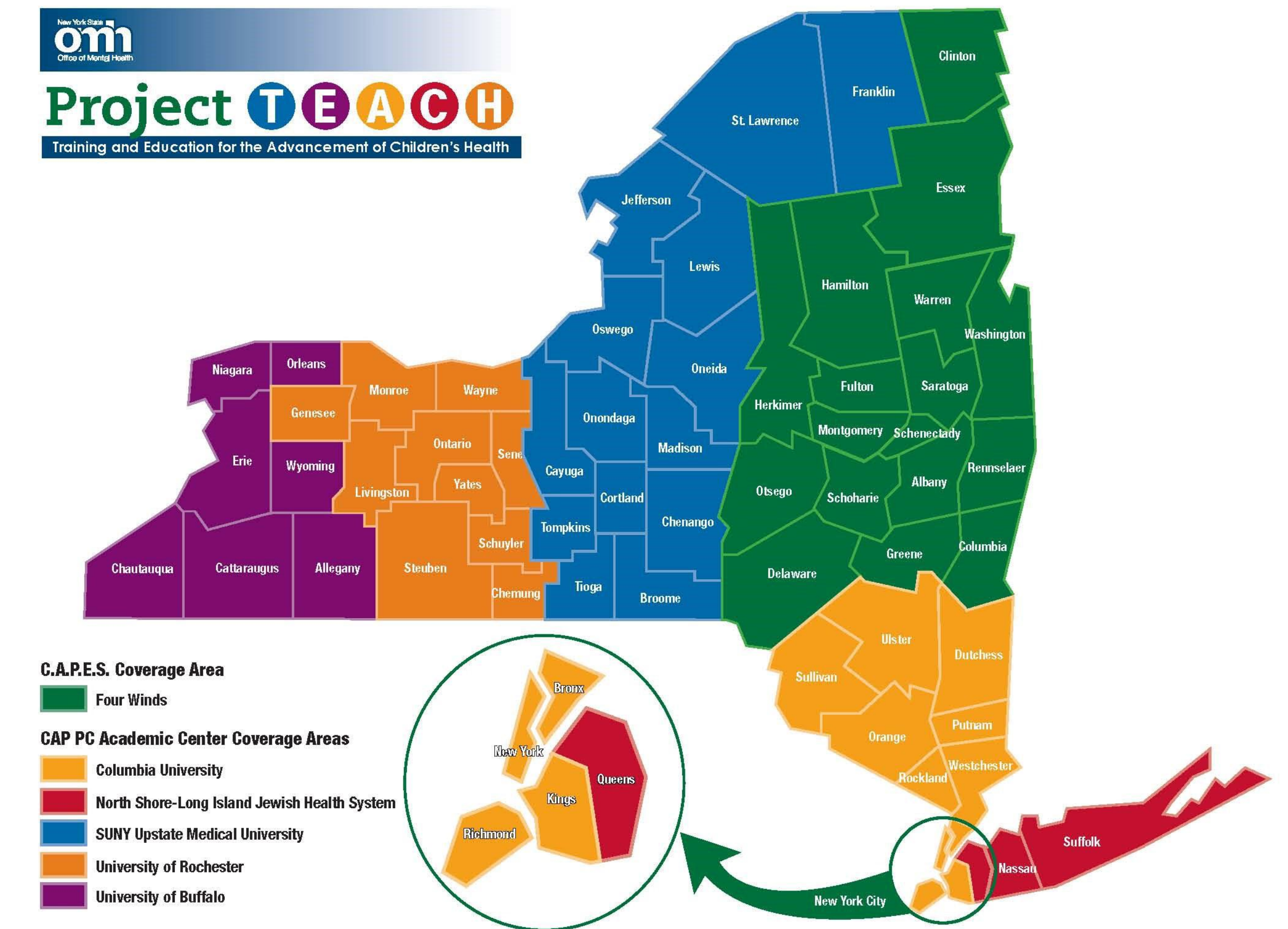
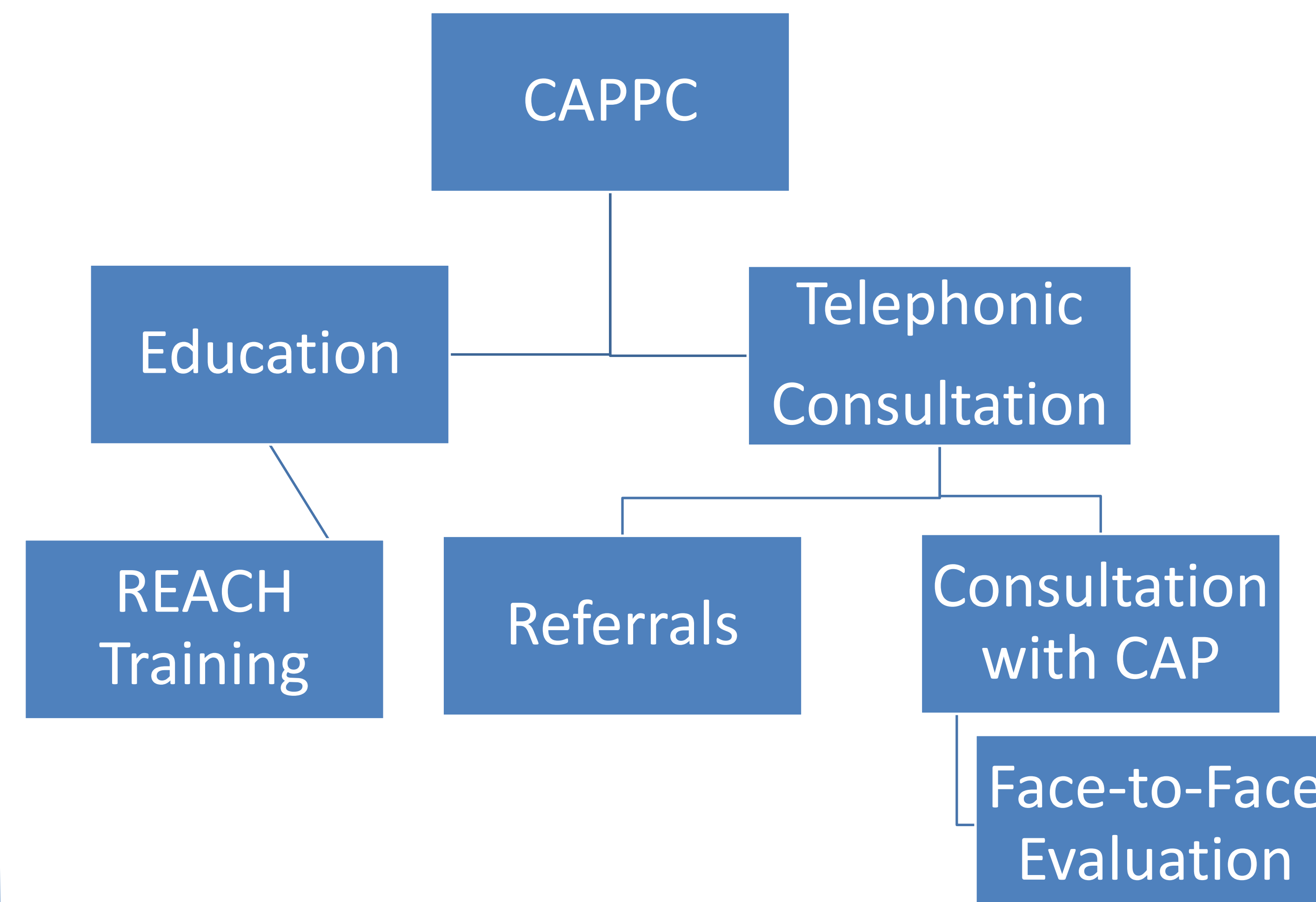
CAP PC is a collaborative consultation program in New York State that involves 5 University Divisions of Child & Adolescent Psychiatry⁸.

Educational Component: A Mini-Fellowship in C&A MH run by REACH Institute trained CAPs and PCPs. Each University Child Division hosts the 3-day workshop covering a variety of topics:

- Disruptive Behavior Disorders
- Mood Disorders
- Psychotic Disorders
- Rating Instruments
- Psychosocial interventions
- FDA approved medication strategies
- Boxed Warnings

Case based conference calls where PCPs can discuss cases with CAPs after training sessions reinforce the material.

Consultation Component: Each site has a Liaison Coordinator (LC) and 2 CAPs. The LC triages all initial consults and helps with linkage and referrals. If further assistance is required, the consult is then referred to the CAP. Face-to-face consultations are available for selected cases.



CAP RESIDENT ELECTIVE

The CAP PC Elective is open to 5th or 6th year CAP residents. The goals of the Elective are to:

- Integrate into the CAP resident curriculum without affecting the departmental needs
- Participate in CAP PC REACH Training to better understand the PCP's perspective, their strengths and limitations in treating MH
- Participate in Consultation to observe CAP Faculty accurately gather information from the PCP and guide treatment strategies
- Learn a systems-of-care model approach to foster interest among graduating CAP residents in working to help fulfill the unmet mental health needs of our youth

REFERENCES

1. National Research Council and Institute of Medicine. Preventing mental, emotional, and behavioral disorders among young people: progress and possibilities. Washington, DC: The National Academic Press; 2009.
2. Centers for Disease Control and Prevention. Mental health surveillance among children—United States, 2005—2011. MMWR 2013;62 (Suppl; May 16, 2013):1-35
3. Strategies to Support the Integration of Mental Health into Pediatric Primary Care. NICHM. Issue Paper. August 2009
4. American Academy of Pediatrics. Improving mental health in primary care through access, collaboration, and training.
5. American Academy of Child and Adolescent Psychiatry. Best Principles for Integration of Child Psychiatry into the Pediatric Health Home. 2012. <https://www.aacap.org>
6. Hacker K et al. Pediatric provider processes for behavioral health screening, decision making, and referral in sites with collocated mental health services. J Dev Behav Pediatr. 2013 Nov-Dec;34(9):680-7.
7. Burkey et al. Training in Integrated Mental Health-Primary Care Models: A National survey of Child Psychiatry Program Directors. May 7 2014. Academic Psychiatry 2014
8. D. Kaye et al. "The Evolution of CAP PC: New York's State-University Collaborative Consultation Program for Primary Care." Annual AACAP meeting. Orlando, Florida. October 2013.

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