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

Sailaja Akella, D.O. and Victor Fornari, M.D.
The Zucker Hillside Hospital, Hofstra North-Shore LIJ

OBJECTIVE
1. Describe Child and Adolescent Psychiatry for Primary Care (CAP PC) www.cappcny.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 Anxiety3,4,5.
• 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

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
3. Strategies To Support the Integration of Mental Health into Pediatric Primary Care. NICHD. Issue Paper. August 2009

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Educational
Telephonic Consultation
Consultation with CAP
Face-to-Face Evaluation

REACH Training
Referrals
CAPPC