Learning Objectives

To investigate if a systems of care approach will result in better outcomes for an adolescent Hispanic patient.

Case Description

As a part of my Child and Adolescent Psychiatry outpatient experience, I was involved in providing psychopharmacological treatment to a bilingual 14 year old Hispanic male at a large volume children's base service clinic. Upon my clinical supervisor’s suggestion, I began seeing this patient for outpatient therapy as well because the previous therapist was felt to have not developed a good rapport with this patient. Recently, patient had been sent twice from school to emergency room within one month due to expressing suicidal ideation. Working more closely with this patient and his family, I quickly realized that language barrier between therapist and this family was one of the key factors impeding the delivery of optimal care as the mother only spoke Spanish. In addition, a more thorough appreciation of this family's culture and how it affected expression of the illness had been lacking. I made special effort to also meet separately and regularly with the patient’s mother, which helped me understand that she was going through a process of separation from her husband and not only was it impacting her son’s condition, but also her own mental health. Subsequently I arranged an interagency meeting to discuss the important dynamics of this case and to guide and support other providers (including wraparound staff) who were involved in the care. We came out with a treatment plan that was more appropriate for our patient's needs. As a result, patient's symptoms have been more stable and communication among various service providers has been more effective.

Discussion

- All children function within multiple systems, usually including their families, schools, communities, and primary health care.
- Care is optimal when systems are organized to coordinate and integrate these services.
- This model was developed to coordinate and integrate care for children with complex mental health needs and to provide the child and his or her family individualized, culturally competent services in the community whenever clinically appropriate.
- The major principles are:
  - (1) individualized care that is tailored to the individual needs of the child and family
  - (2) family inclusion at every level of the clinical process and system development
  - (3) collaboration between different child-serving agencies and integration of services across agencies
  - (4) provision of culturally competent services
  - (5) to serve youths in their communities, or the least restrictive setting through providing a continuum of formal treatment and community-based supports
- The system-of-care movement has been successful in providing new strategies for service delivery and financing.
- System-of-care model appears to be beneficial in reducing use of residential and out-of-state placements and achieving improvements in functional behavior in youths with severe emotional and behavioral disorders who are served in multiple systems.
- Child and adolescent psychiatry has more recently reengaged itself as a discipline in community systems of care, providing an opportunity for a broader scope of child and adolescent psychiatric practice.

Implications

- The outcome of this patient’s treatment suggests that a systems of care approach with culturally competent services should be implemented to enhance patient care.
- Overall reduction in suicidal ideation and acute psychiatric hospitalization was a measurable result; significant both financially and ethically.
- Communication among service providers was productive and should be enhanced.

References