13 Reasons Why Systems of Care May Not Seem to Support our Patients (and What can Child Psychiatrists do about it)

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Introduction

Systems of Care approach is a great concept to provide holistic care to kids, but in the real world the application of this concept faces many challenges. We use 13 real world scenarios to highlight those challenges. We then present some ideas how child psychiatrists can manage such issues in their clinical practice.

Why Systems of Care May Not Seem To Care

1. **PROBLEMS MAKING INITIAL CONTACT AND ENTRY INTO EARLY INTERVENTION SYSTEM**
   Many times, families have no support in place to make this initial connection with early intervention system. Often communication breaks down. There is either significant delay or lack of follow through. Consequently, there is pressure to medicate very young kids.
2. **DROPPING OF SERVICES DURING THE TRANSITION FROM EARLY INTERVENTION SYSTEM TO GRADE SCHOOL SYSTEM**
   This hand-off of services is commonly not smooth. Parents are left to their own devices to seek continuation of services within the school system. Kids start school without services/accommodations with a wait to fail approach. The developmental milestone of successful school transition becomes extra stressful for such kids.
3. **ABRUPT AND PREMATURE WITHDRAWAL OF MENTAL HEALTH SERVICES**
   Once kids show progress in treatment, the services are retracted rather abruptly. As a result, kids decompensate sometimes requiring more intensive care than originally received. Service providers are not careful and thoughtful in their documentation and payers refuse services. There is high demand for services with relative short supply.
4. **DELAYS WITHIN EDUCATIONAL SYSTEM TO RECOGNIZE AND PROVIDE SUPPORTS TO STUDENTS**
   Despite built in mechanisms to identify kids in need, schools struggle to recognize and provide timely academic supports. The traditional discrepancy model of diagnosing learning disabilities lets kids struggle for years before they meet the threshold for the diagnosis. There is a long waiting list for kids needing psychoeducational testing. Kids secondarily develop mental health problems due to ongoing failure at school.
5. **LACK OF COMMUNICATION AMONG THE MANY SYSTEMS OF CARE**
   Kids with complex needs are most often involved with multiple systems of care. These systems work in isolation from one another and do not communicate among themselves. There is lack of communication between schools and parents, schools and therapists, psychiatrists and various service providers and so on and so forth. The overall care becomes disjointed and less effective. Kids and families feel confused, over-whelmed, and lose trust. Non-compliance and polypharmacy rates increase.
6. **EXCESSIVELY LONG WAIT TIMES WITHIN MENTAL HEALTH SYSTEM TO ENTER HIGHER LEVEL OF CARE (ESPECIALLY INPATIENT, PARTIAL HOSPITAL PROGRAMMING, RESIDENTIAL TREATMENT)**
   Kids wait days to weeks in ERs or medical floors waiting to be transferred to an inpatient or residential facility. Those who are discharged with partial hospital program recommendation face similar wait times and decompensate in the interim requiring re-visits to ERs.
7. **THE CHALLENGE OF GETTING AUTHORIZATION FOR FAMILY-CENTERED INTERVENTIONS**
   Family oriented interventions are at the heart of any work done within mental health system, yet in the era of managed care, cost drives the type of treatment authorized by the payers. The kids often receive less than optimal treatment. Sometimes such cases are mislabeled as resistant to treatment.
8. **THE DIFFICULTIES OF INVOLVING FAMILY SUPPORT SYSTEM IN MENTAL HEALTH SYSTEM**
   Many families have transportation and child care issues and cannot bring their kids to appointments or be regularly involved in their treatment. Some parents may not
9. **LACK OF SYNCHRONIZATION BETWEEN MENTAL HEALTH AND SUBSTANCE ABUSE SYSTEMS**
   Treatment is provided in sequence of disorder or in parallel by different providers at separate locations.
10. **SHORTAGE OF PROVIDERS IN THE COMMUNITY LEADING TO FREQUENT RE-ADMISSIONS**.
    Kids are discharged from inpatient programs but there is a big lag time in the initiation of community based services due to lack of providers. Kids lose the skills they learned in the inpatient programs and families lack support to successfully transition these kids back into their households resulting in re-admissions.
11. **PROBLEMS PERTAINING TO CHILD WELFARE SYSTEM**
    Case workers are not easily accessible. They have large caseloads. They are often not well trained to tackle the scope of these caseloads, and there is lack of continuity of care.
12. **BARRIERS TO SERVICES FOR TRANSITIONAL AGE YOUTH IN FOSTER CARE SYSTEM**
    Youth that ages out of foster care system has limited services available to them due to patterns of federal and state funding. Many times such youth is ambivalent to their own mental health needs and therefore struggle with acquiring higher education, and maintaining housing and employment.
13. **ISSUES WITH PARENTAL INVOLVEMENT FOR YOUTH IN JUVENILE JUSTICE SYSTEM**
    The system is primarily designed to address a violation of law and ensuring safety of communities and not necessarily recognition and treatment of long term mental health needs of the youth and families. Service providers within juvenile justice system often have a conflictual position with the parents. Parental involvement is not always viewed as a positive goal.

Role of the Child Psychiatrist

- Develop a strong trusting relationship with families who undergo multiple transitions involving many systems and struggle with trust and consistency.
- Acquire in-depth knowledge about various child serving systems and how each system works. Educate and help families navigate through them every step of the way.
- Actively seek referral for case manager/case worker or care coordinator who can locate and link families to various services. Help families locate single point of contact within each system of care.
- Do not restrict your role to only being medication managers. Among all providers from various disciplines, child psychiatrists are uniquely and most extensively trained to have a broader developmental and biopsychosocial-cultural perspective of overall well-being of the families, communities, and systems at large.
- Proactively reach out to various service providers for a collaborative and cohesive treatment planning. This will initially involve additional time commitment but it will pay off in the long run. Develop skills to seek collateral information in the context of your visits with families.
- From the beginning of treatment, set expectations for service providers to either accompany the families for your appointments or share the collateral information with you via another mechanism.
- If unable to contact any service provider within any system, do not hesitate to go up through chain of command.
- If possible, schedule periodic interdisciplinary treatment team meetings so everyone's feedback is incorporated and the care planning is cohesive.
- Provide support and supervision to the therapists so kids and families can get high quality psychotherapeutic interventions.
- Be an ally to stake holders across various systems. Capitalize on their strengths.
- Advocate for families to get their needs met and teach them how to advocate for themselves. Encourage families to connect with local, regional, and national support organizations.
- Ensure thorough, insightful, and careful documentation of medical records to fight for authorization for services. This may also require direct conversation with other providers and payers.
- Support the parents to strive for positive involvement in their youth's life especially at the point of initial contact with juvenile justice system. Educate parents about delinquency prevention and diversion programs.
- Provide integrated care to dual diagnosis youth.
- Engage in policy work to improve barriers to systems approach.

References

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