



Early Childhood Mental Health Consultation: Prevention and Intervention in the Primary Care Setting



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Our consultation program goals

- Supporting PCPs in effectively providing 1) Universal screening and anticipatory guidance 2) first line interventions for children at risk of mental health problems 3) Identifying children with clinical needs children with special health care needs and linking them with appropriate interventions 4) follow-up with caregivers in the case of direct consultation and check on referral progress

Why consultation?

- Nearly 10% of preschool children in primary care settings have severe, impairing psychiatric disorders. If untreated, these disorders can cause significant impairment and put children at risk for future disorders and failures.
- Many risk factors for mental health problems are identifiable in early childhood
- Primary care providers provide the vast majority of pediatric mental health services in the US, but PCPs often do not feel comfortable addressing mental health issues

Our consultation components

- Lunch & learns or didactics
- Website resources and handouts including Vroom app
- Supporting screening for child and parental mental health
- Curbside questions about patients, treatment, or early childhood mental health topics
- Scheduled face-face consultations with patients
- Partnering around innovative early childhood mental health innovations

Commonly Used General Screens

- 0-18 months: Safe Environment for Every Kid (SEEK) + Baby Pediatric Symptom Checklist (BPSC)
- 18-60 months: Safe Environment for Every Kid (SEEK) + Early Childhood Screening Assessment (ECSA)

Website: Tulane.edu/som/tecc

- Provides PCPs and parents with easy access to screens, information on a variety of topics related to early childhood mental health with consultant or independently.
- PCPs can print out this information and share it with their patients, and parents can access it from home any time they have questions or concerns

Innovations

- Centering Pregnancy Groups –Consultant joins clinic group to lead discussion on attachment, domestic violence, perinatal depression, and anticipatory guidance
- Infant Mental Health Groups – Rolling weekly parent groups provided at the consulting clinic, covering a variety of infant mental health topics

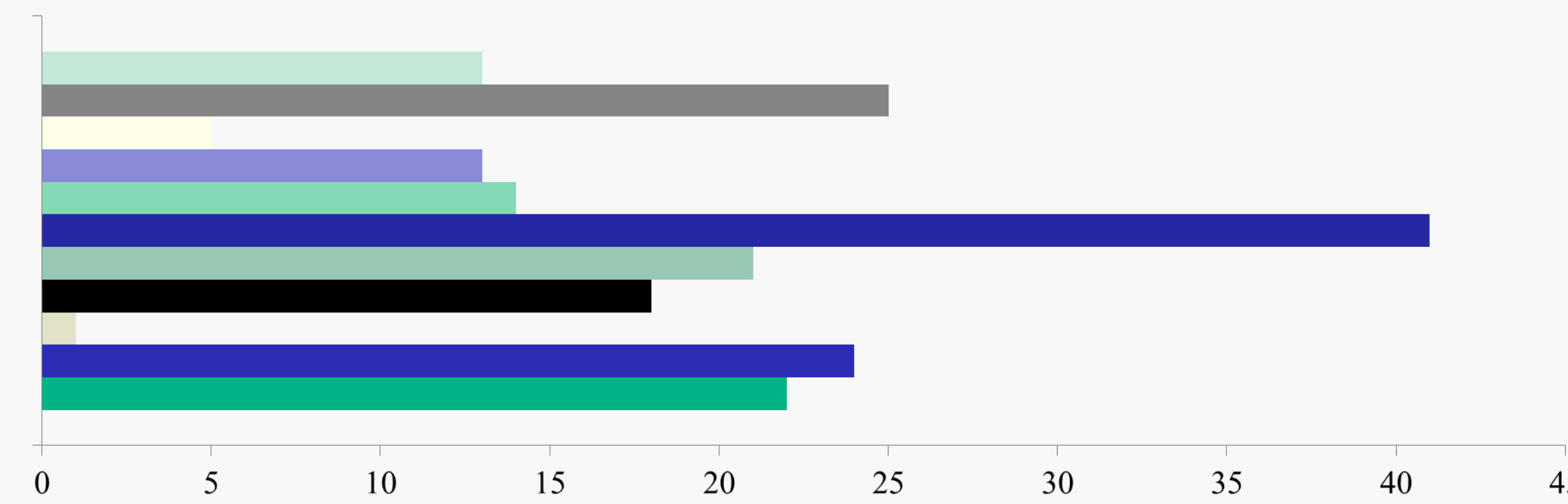
Case example- (NB, there is no “typical” case)

Consult context: 29 month old child seen for well child visit when consultant was onsite. reported frustration with increasingly difficult behavioral patterns, including, including “not wanting” to fall asleep and increased clinginess. Physician observed that mother struggled to comfort, was concerned about the parent-child relationship and requested consultation to assess and make recommendations about medical home management.

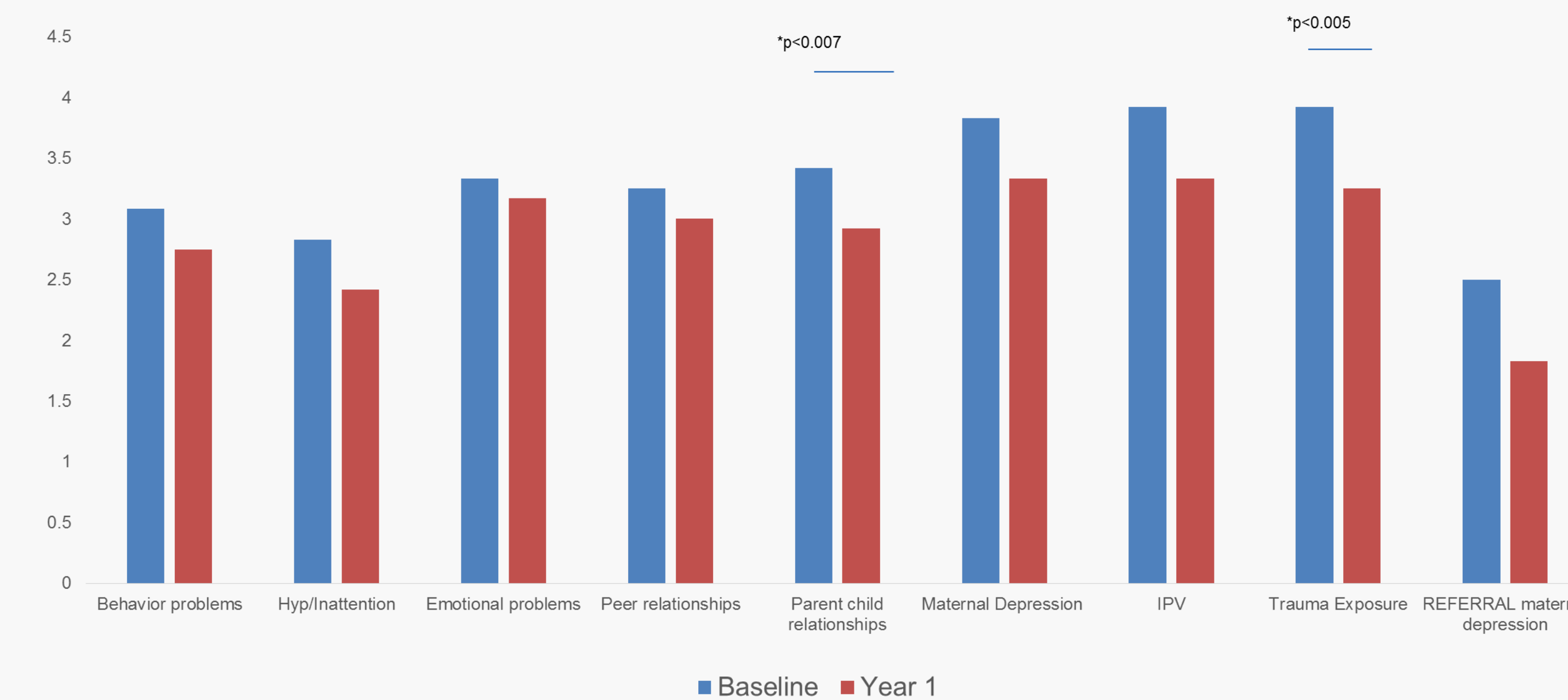
Consultation: Consultant obtained ECSA, SEEK and took history from parent while observing parent and child together. During interaction, child exhibited PTSD symptoms, which mother started after a car accident.

Consultation outcome: Reviewed signs of PTSD and medical home assessment strategies with provider. Provided recommendations re: parent-child therapy.

Consultation topics



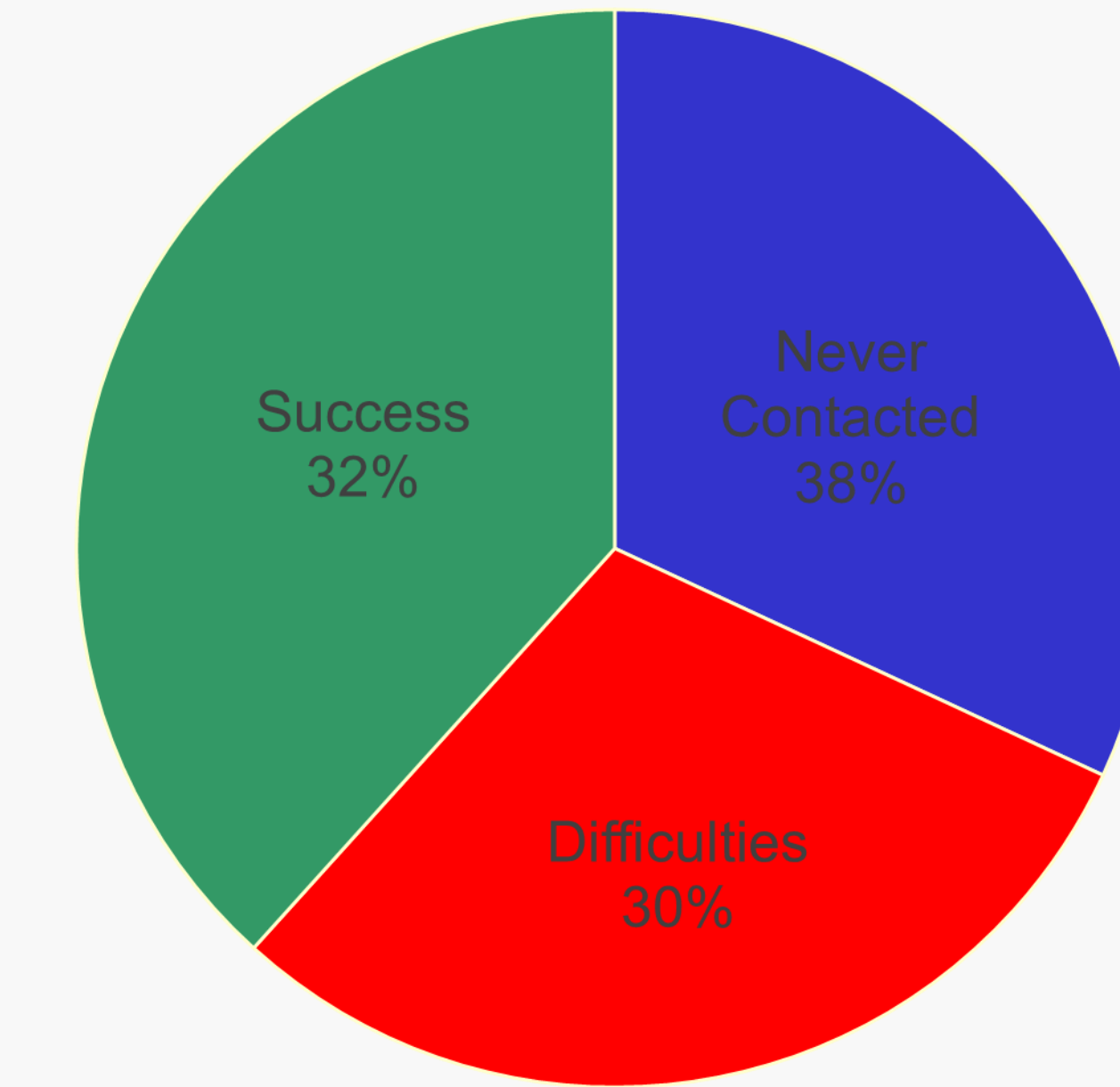
Changes in Perceived Comfort



Follow Up Referrals

- Care coordinators use completed clinical assessment to contact families within two weeks of initial consult to determine:
 - understanding of recommendation, 2) confirmation of contact information, 3) contact with community resources was completed (and if not, why), 4) if troubleshooting is needed, 5) agreement of next steps and further communication.
- We continue to follow up until
 - families have successfully accessed all recommended community resources,
 - caregivers stop answering the phone, 3) caregivers ask us to stop calling, and/or
 - technical difficulties

Follow Up Results April-October 2016



Themes from Follow-Up

- For direct consultations during April- October 2016, most parents expressed:
- Difficulties with time to schedule and/or go to an appointment (mostly in first follow-up call)
 - some additional reasons were due to work conflicts and family crises (where crisis continuously impeded follow-up)
 - Problems with services
 - Care coordination issues with referral agencies and caregiver.
 - Some due to health care coverage

Lessons Learned

- There is a definite need and desire for the service
- Must increase availability for modes of communication (ex. phones disconnected)
- Improve communication methods with consultation staff, primary care providers, referral agencies, and parents for effective interventions
- Ensure clinicians are properly prepping patients for follow-up

Comments from Pediatricians

“TECC has made a big difference in my practice. It’s wonderful to be able to offer help to families of young children that is convenient for them and through having TECC available in our clinic I am learning to better manage common mental health and behavioral problems in young children myself.”

“TECC consultants were extremely helpful in meeting with my patients/parents, put the parent and patient at ease with their approach, and the parent left with a clear plan for initial management of their child’s behavioral concerns. Follow-up plans were also given at the initial appointment. Would not change a thing.”

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