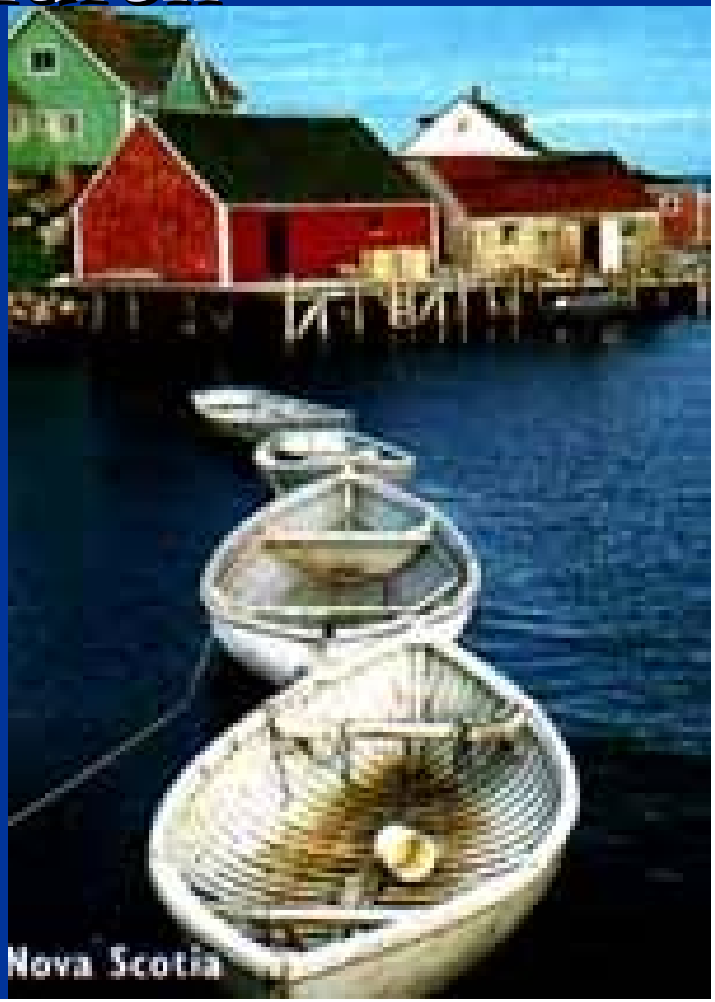
Taming the Queue: Mental Health Treatments for Children

Patrick J. McGrath OC, PhD
IWK Health Centre
Dalhousie University
Centre for Research in Family Health
Halifax, Nova Scotia



Mental Health Disorder in Children

- **Ontario Child Health Study (Offord et al.,)**
  - 18.1% have a **diagnosable** disorder
- Quebec Child Mental Health Survey (Breton et al.),
  - 19.9% have a **diagnosable** disorder
- Conservative estimates: 15%
- 1.2 million young Canadians live with mental health disorders (Kirby/Keon Report)

Out of the Shadows at Last (Kirby/Keon, 2006)

- "deeply concerned about the capability of the mental health system to respond to the needs of children and youth"
- Early intervention critical
  - Immediate intervention needed when problems start
- Fragmentation especially social service and health
- Shortage of mental health professionals
- Provider driven model
- "much greater investment in children's mental health is required… to shed its label as the "orphan's orphan" within the health care system"

Budget 2007

Kirby to head Canada's Mental Health Commission

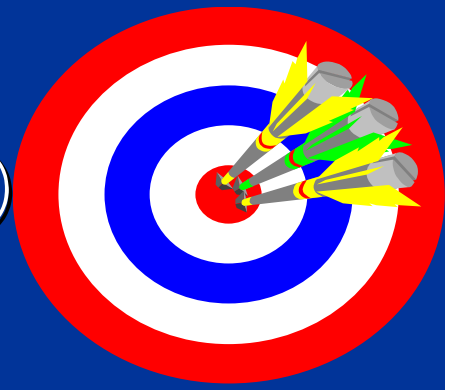
- Modest budget $10m start up, $15m/year
- Develop a National Mental Health Strategy
- Catalyst for change
- Bring mental health "Out of the Shadows"

Wait list benchmarks (Canadian Psychiatric Association)

- Diagnostic and management consult
  - Emergent: within 24 hours
  - Urgent: within 2 weeks
  - Scheduled: within 4 weeks
- No data on how often benchmarks are met
- Good start

Good News: Treatments Work!

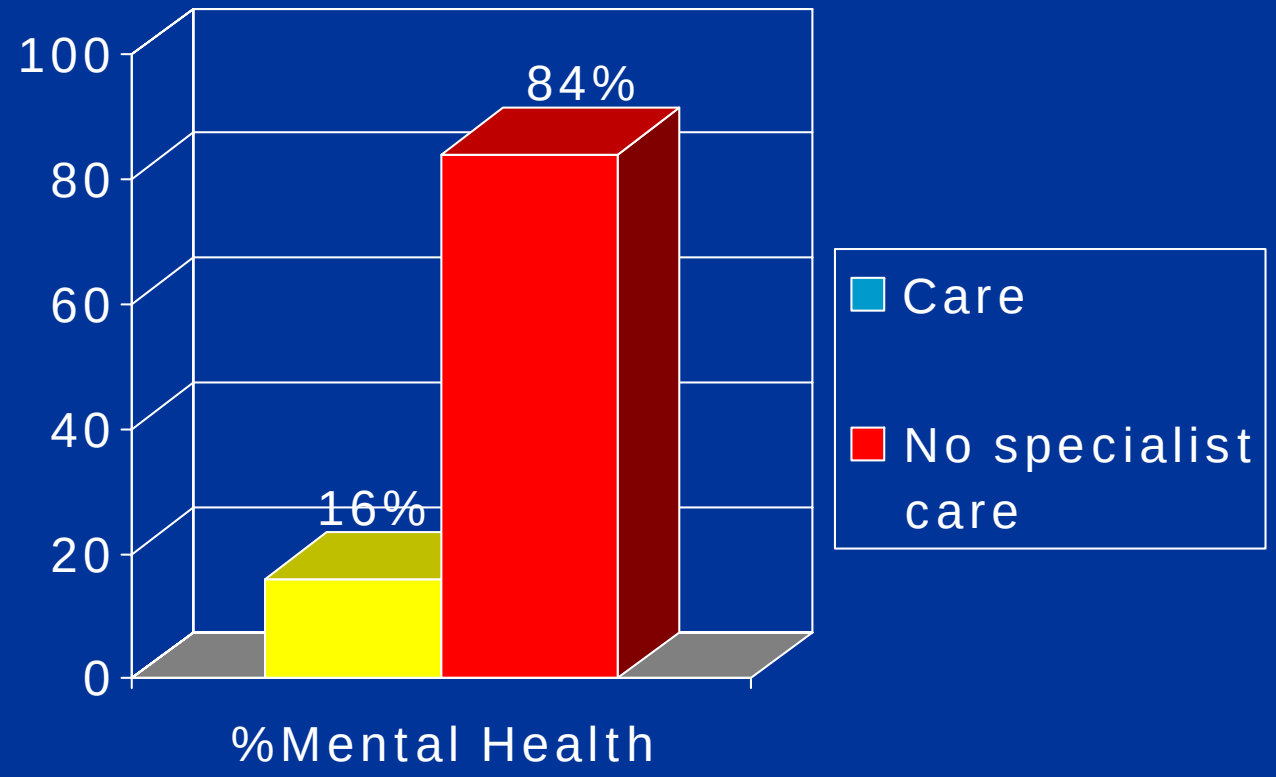
- There are effective treatments
  - NNT's as good or better than most disorders
  - Evidence-based
  - Protocolized treatments
  - Cognitive-behavioral interventions
  - Medical interventions
    - Titrated Stimulants (e.g. Ritalin™)



Effective treatments often not used

Bad News: Access is Poor!

Children with **diagnosable** disorders, (Offord et al.)



Waitlists in child mental health

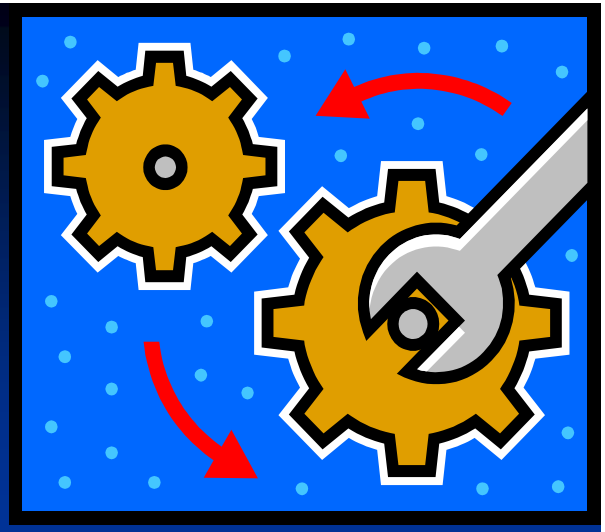
- Child mental health: the orphan of an orphan system (Kirby/Keon report)
- System grossly under-funded
- Waitlists usually chaotic
- Wait list futility/stigma reduce demand
  - Why refer?
  - Why be on a list?
    - if there is no chance of getting seen
  - STIGMA

Problems With Pediatric Waitlists in Mental Health

- Little motivation for solutions
  - Costs borne by other systems (Child Welfare, Justice, Education)
  - Shortage of HQP
  - Stigma, stigma, stigma
  - Sense of hopelessness by families, referrers workers

- Craft model
- Protocols not used
- Clinical judgment reigns

Industrial Model



- make systems that do the job
  - use evidence to develop system
  - hone system via quality assurance
  - be cost effective
    - seek efficiencies with volume
    - use skill level required for job
    - use modern technology
  - Make widely available
    - Stepped care
    - Use craftspersons for more complex cases
  - Not dependant on personal whim of therapist

- Decision makers/clinicians/ researchers
  - Formal advisory groups
  - Informal discussion
  - Membership on management team
  - Have changed what is done
  - Mutual respect and communication

How is Treatment Delivered?

Written material: evidence-based, easy to read

- Video and audio tapes
- Telephone Coach

HOME DELIVERY: NO FACE TO FACE CONTACT

Family Help
bringing health home

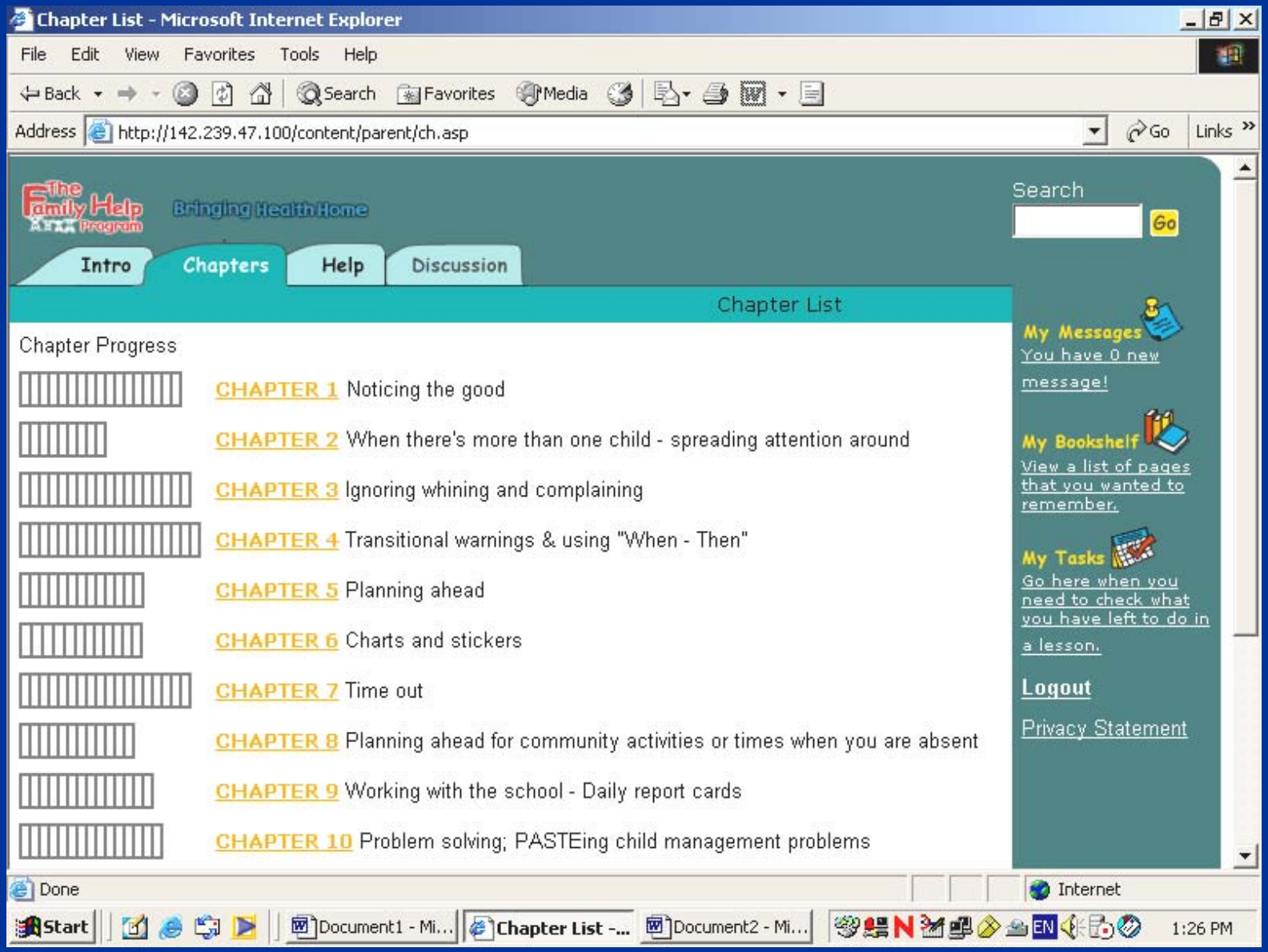
- Coaches: non professionals
  - Bright, capable, personable
  - Demonstrate excellent communication skills
  - Ability to problem solve
  - All interactions recorded for quality assurance
  - On-call 24/7
  - Health Care Professional coverage 24/7

- Coaches:
  - reinforce material
  - encourage and support
  - problem-solve
- Works at times convenient for family
  - days, evenings, weekends
- "coach" ↑ compliance, ↓drop outs

Mental Health Treatment Modules

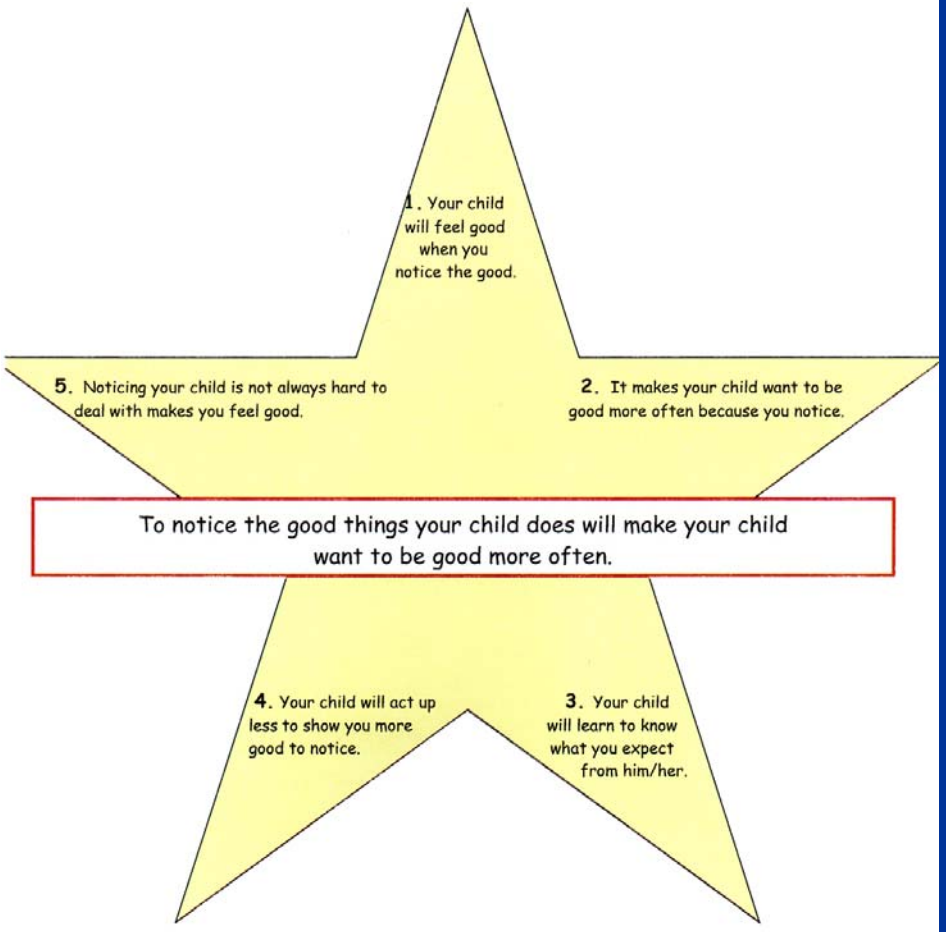
- **Anxiety** (6 – 12 years) Parent and Child
  - Relaxation & Avoidance Reduction
- **Disruptive Behaviour Disorder** (3 – 7 years) **Attention Deficit/Hyperactivity Disorder** (7 – 12 years) Parent Training
- **Post partum depression** Cognitive behavioral therapy

Web Version


Chapter List - Microsoft Internet Explorer
File Edit View Favorites Tools Help
Back Search Favorites Media
Address http://142.239.47.100/content/parent/ch.asp
Go Links
The Family Help Program
Bringing Health Home
Search
Go
Intro
Chapters
Help
Discussion
Chapter List
Chapter Progress
CHAPTER 1 Noticing the good
CHAPTER 2 When there's more than one child - spreading attention around
CHAPTER 3 Ignoring whining and complaining
CHAPTER 4 Transitional warnings & using "When - Then"
CHAPTER 5 Planning ahead
CHAPTER 6 Charts and stickers
CHAPTER 7 Time out
CHAPTER 8 Planning ahead for community activities or times when you are absent
CHAPTER 9 Working with the school - Daily report cards
CHAPTER 10 Problem solving; PASTEing child management problems
My Messages
You have 0 new message!
My Bookshelf
View a list of pages that you wanted to remember.
My Tasks
Go here when you need to check what you have left to do in a lesson.
Logout
Privacy Statement
Done
Internet
Start
Document1 - Mi...
Chapter List -...
Document2 - Mi...
1:26 PM

From Disruptive Behavior Module

5 Reasons to Notice the Good



Tryout page

P Step 1. **PICK** a problem

List problems:

4. _____

5. _____

6. _____

What do I want to deal with first?

_____

A Step 2. Have **ALTERNATIVES**.

	Possible Alternatives	Good Points	Bad Points
1.		1.	1.
		2.	2.
		3.	3.
2.		1.	1.
		2.	2.
		3.	3.
3.		1.	1.
		2.	2.
		3.	3.

S Step 3. **SELECT** the best alternative.

_____

Who is going to put it in place?

_____

T Step 4. **TRY** out the alternative.

When will I start?

_____

E Step 5. **EVALUATE** the alternative.

Did it work?

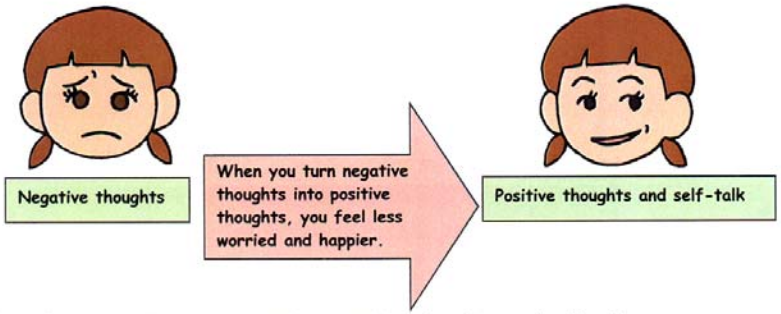
_____

Do I think something else would work better?

_____

From Anxiety Module

Let's do an exercise that looks at how negative thoughts can be turned nice things you say to yourself.



Examples of negative thoughts turned into positive thoughts and self-talk

I never do anything right. → Yesterday I helped my friend.
Nobody likes me. → Terry and I are good friends.
I'm stupid. → The teacher said I gave a good answer.

Now you try to do it -

It won't work no matter what I do. → _____

I can't do it. → _____

Now that you can see how negative thoughts can be changed to positive thoughts, let's go back to our example of Andrew. Watch the video Chapter 9, Scene 2 to see how Andrew's dad helps him to begin using positive self-talk.

My Notes:

_____

_____

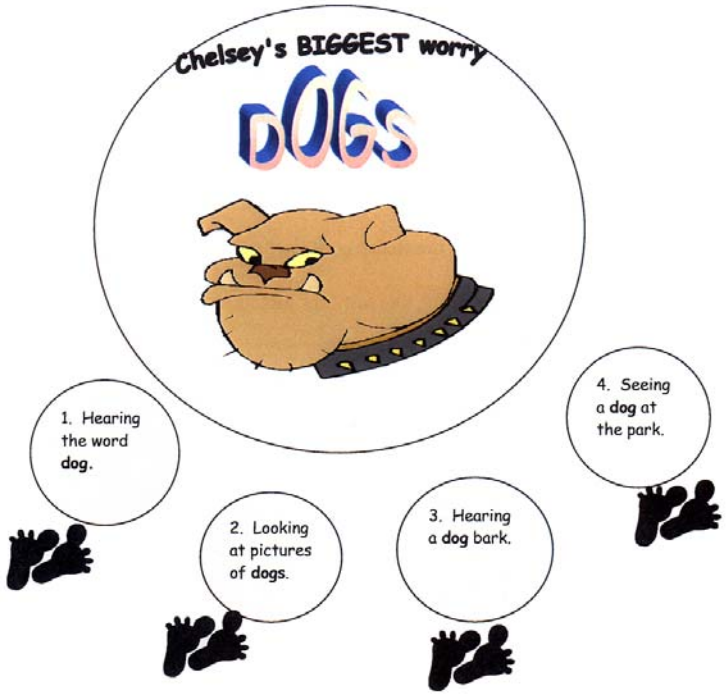
Family Help Coach: **1-866-470-7111**

Facing your Worry

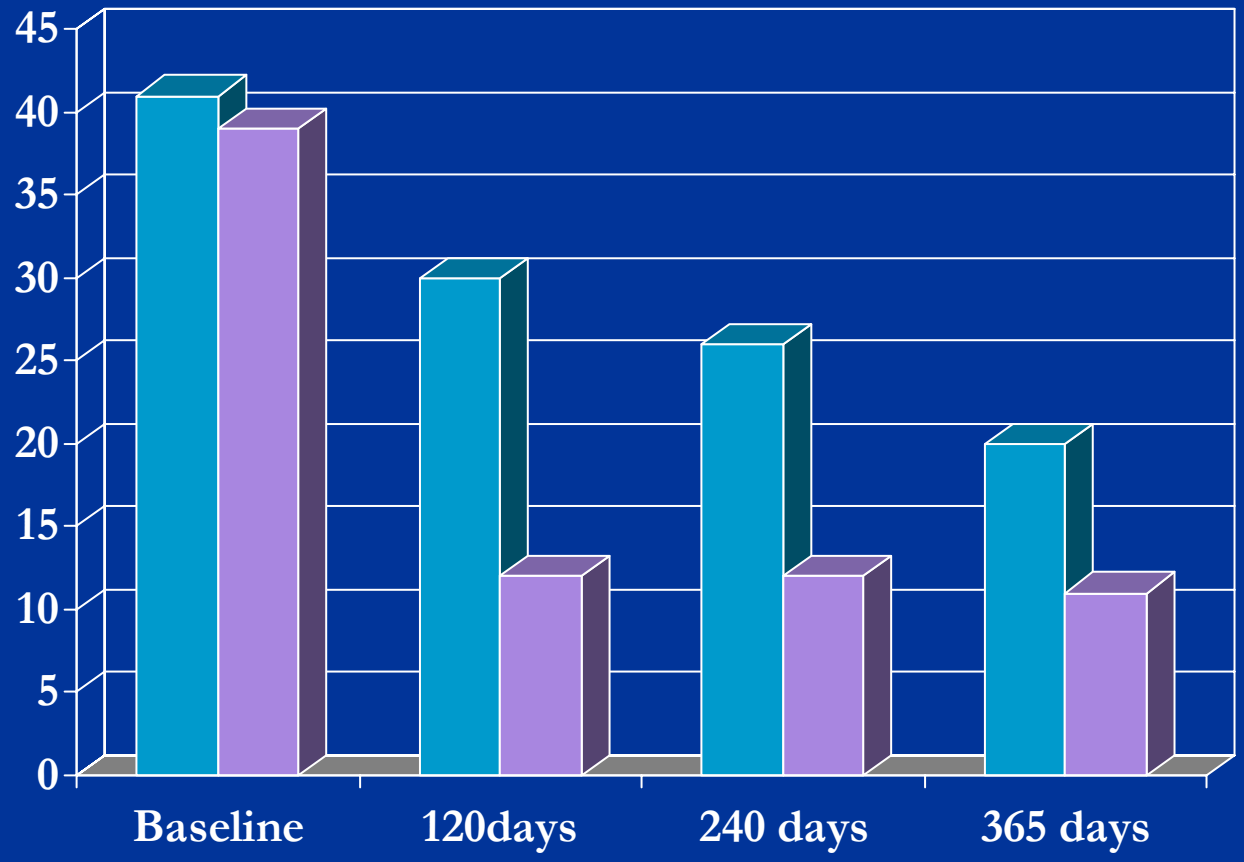
One way this Family Help program will help you is to teach you to face your worries but by taking little steps, not giant steps. Little steps towards what worries you the most will help you deal with your worry.

We are going to give you another exercise to do for next week. It will help you to learn more about your worry. Your Mom, Dad or coach will help you. We want you to draw, or write about, what worries you the MOST. Then we want you to tell us 4 things about that Big Worry that scares you the most.

Here's an example of how to do this.



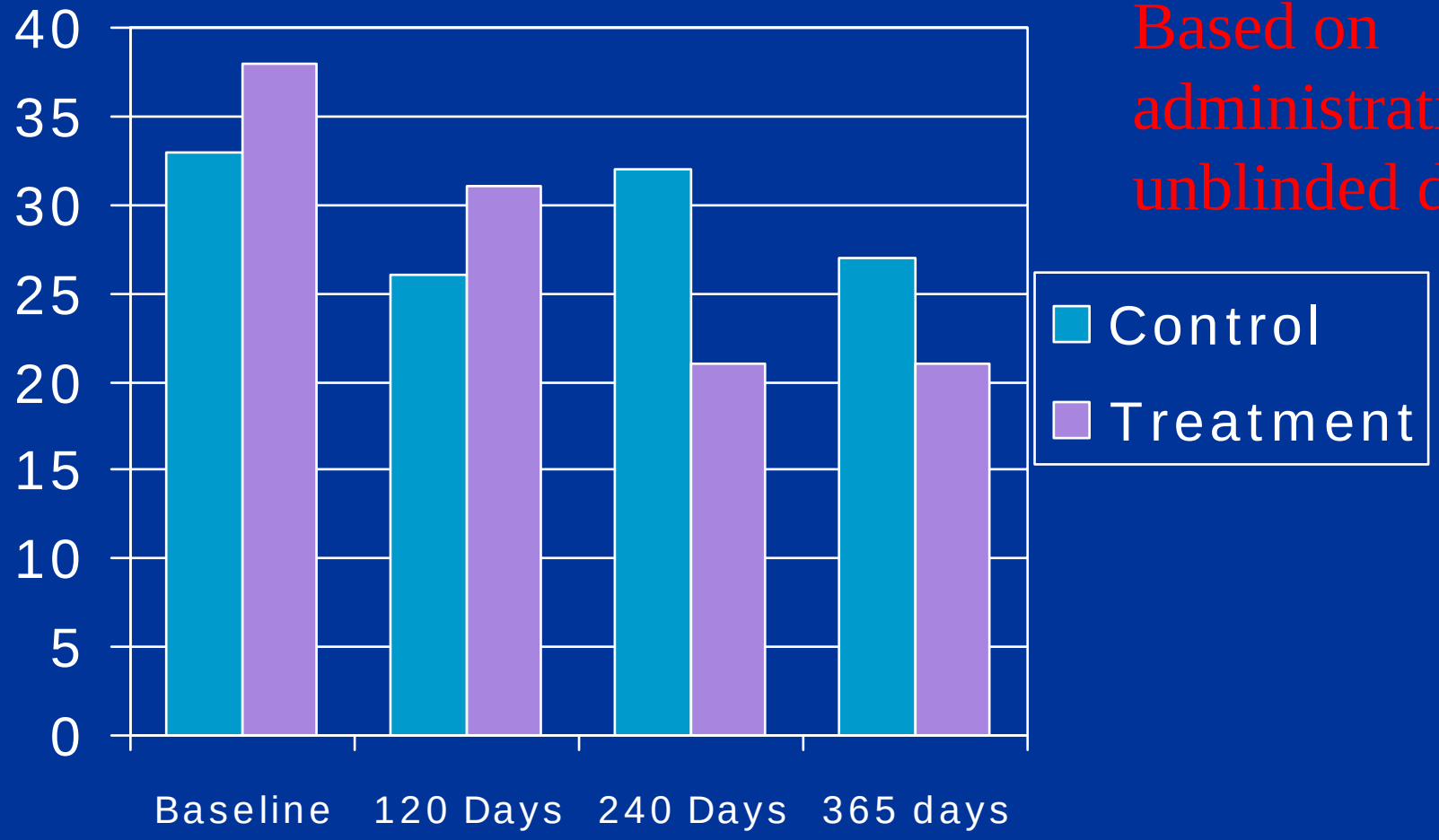
Preliminary Results: Oppositional Defiant Disorder



Based on administrative unblinded data

Number of children with ODD diagnosis in treatment & standard care

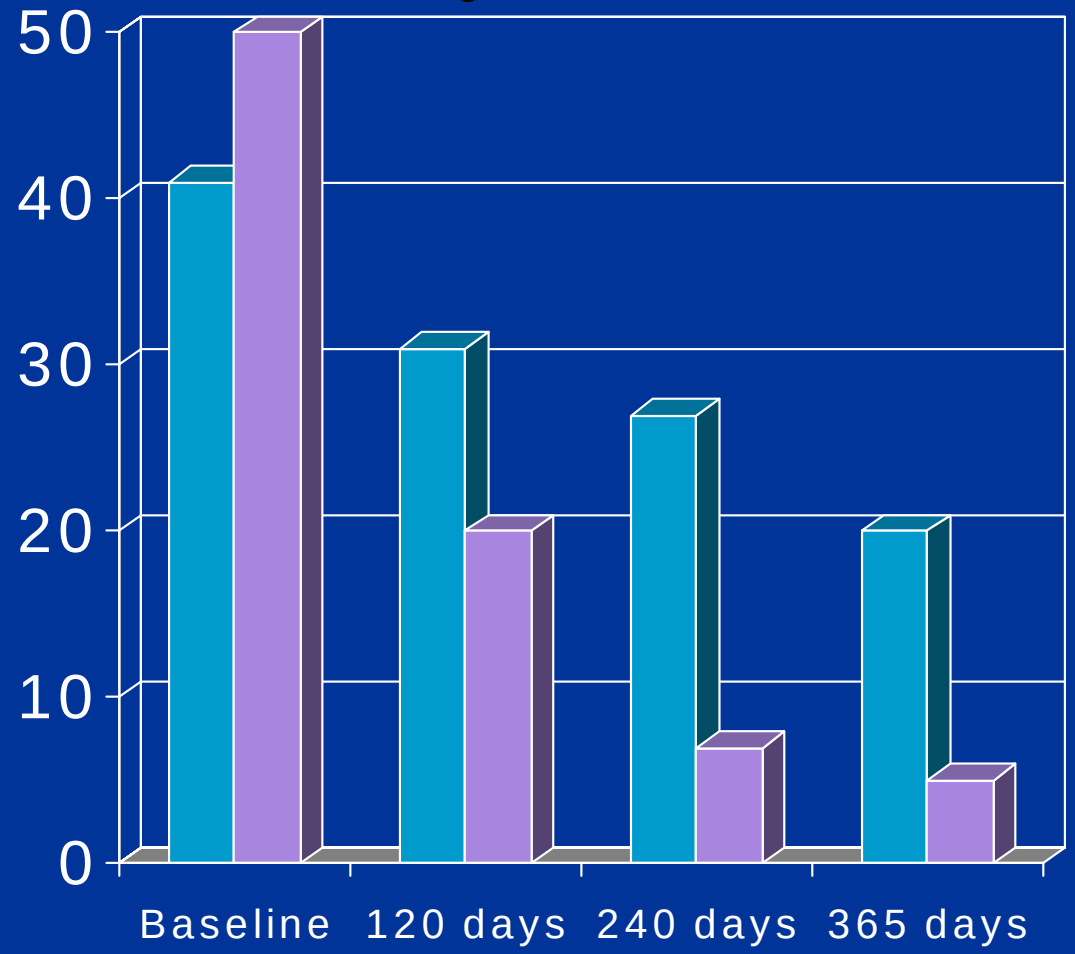
Preliminary results: Attention Deficit Hyperactivity Disorder



Based on administrative unblinded data

Number of children with ADHD in treatment and standard care

Preliminary Results: Anxiety



Based on administrative unblinded data

Number of children with anxiety in treatment and standard care

Family Help Service Program

- Contracts with Mental Health Services in 2 NS health districts
- Referred from waiting lists (self, physician or school referral)
- Screened using Brief Child Family Phone Interview (BCFPI) (Cunningham et al.)
  - Low self or other harm
  - Disruptive behavior 3-12 years
  - Enuresis, Anxiety, Pain (in one health district)

Conclusions

- Mental health problems prevalent in children
- Treatments work
- System of care inadequate
- Wait lists often chaotic
- Need patient-oriented, novel approaches
- Family Help one possible approach

Thanks

For inviting me to speak

Colleagues and trainees

Canada Research Chairs / Chaires de recherche du Canada

CIHR IRSC

NOVA SCOTIA Health Research FOUNDATION