

Navigating Pediatric Behavioral Health: A Guide for Non-Mental Health Professionals



World's Worst Poll

- Show of hands....

Who has ever worked with or treated a child struggling with mental health?



The Kids are NOT Alright

- “In 2024, Akron Children’s emergency departments across 33 Ohio counties logged 4,500 behavioral health visits. At primary care clinics, more than a quarter of patients screened positive for depression.”
- Projections in 2024 showed a 15% increase in behavioral health inpatients and a 9% rise in outpatients over the next five years



Where to go? What to do?

ADHD

Anxiety

Bipolar
disorder

OCD

Depression



Akron Children's

What to do? Goals of Presentation

- **Treat**

- Provide basic practice parameters for common psychiatric illnesses in the pediatric population

- **Collaborate**

- Outline current collaborative care efforts at Akron Childrens Hospital

- **Refer**

- Identify mental health resources available within the Akron Childrens Hospital System



Treat

- What are the most common diagnoses in the child and adolescent population?
- CDC data from 2022-2023

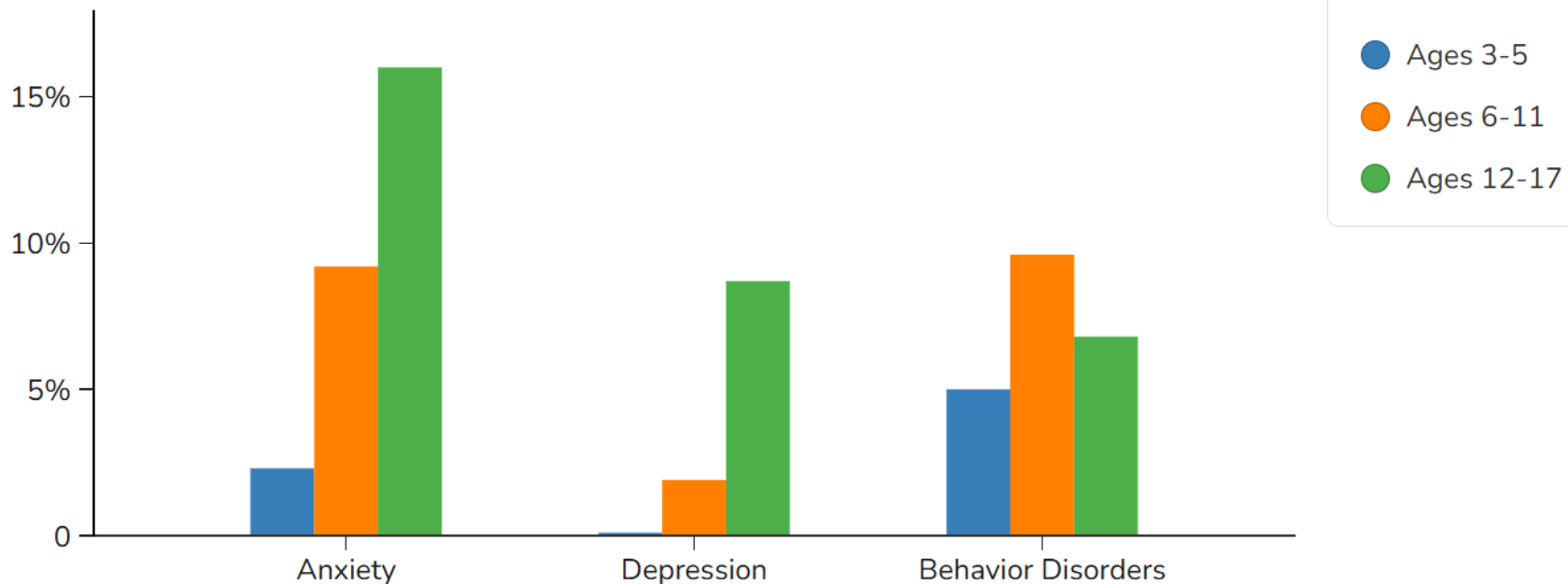
Anxiety

Behavior disorders

Depression



Mental and Behavioral Health Conditions by Age



Assess

- Ensure safety
- Interview should inquire about symptoms (e.g. mood, anxiety, problem behaviors) and impact on functioning (e.g. school performance, social functioning)
- Reference the DSM, and use screening tools if available:
 - GAD-7 (generalized anxiety)
 - SCARED (anxiety disorders)
 - PHQ-9 (depression)
 - Mood and Feelings (depression)
 - Vanderbilt forms (ADHD)
- Rule out comorbid medical factors, substance use, acute stressors



Treat

- Anxiety

- AACAP recommends that cognitive-behavioral therapy (CBT) or SSRIs be offered to patients 6 to 18 years old with social anxiety, generalized anxiety, separation anxiety, or panic disorder
- AACAP suggests that combination treatment (CBT and an SSRI) could be offered preferentially over CBT alone or an SSRI alone
- Mild cases may respond to therapy alone



Treat

- Depression

- AACAP suggests that cognitive-behavioral therapy or SSRI medication (preferably fluoxetine/Prozac) could be offered to adolescents and children with major depressive disorder
- AACAP suggests that combination treatment could be offered to adolescents and children with major depressive disorder
- Mild cases may respond to therapy alone



Treat

– Which SSRI is best?

NOT PAROXETINE/PAXIL



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Feature	Escitalopram (Lexapro)	Fluoxetine (Prozac)	Sertraline (Zoloft)
FDA: MDD	✓ 12–17	✓ ≥8	✗
FDA: GAD	✓ 7–17	✗	✗
Activation	😞 Low–moderate	⚡ Highest	⚖ Moderate
GI effects	😬 Low	😬 Low–moderate	🤢 Highest
Drug interactions	● Low	● High	● Moderate
Discontinuation risk	⚖ Moderate	● Lowest	⚖ Moderate

Treat

- ADHD

- In preschool age children below the age of 6, non-pharmacologic interventions (parent training) is recommended as first line treatment. Triple P programming is a free online resource.
- “The initial psychopharmacological treatment of ADHD should be a trial with an agent approved by the FDA”
- Stimulant medicines are considered gold standard first line treatments. Methylphenidate derivatives tend to be better tolerated



Category

 **Stimulants**

 **Non-Stimulants**

Examples

Methylphenidate
Amphetamines

Atomoxetine
Guanfacine
Clonidine

Mechanism

↑ Dopamine &
norepinephrine (fast-
acting)

Norepinephrine
modulation (gradual
effect)

Effectiveness

 Very high

 Moderate

Side Effects

Appetite ↓. Insomnia ↑
Heart rate increase,
Anxiety

Fatigue, Dry mouth,
Mood changes, Blood
pressure changes



Treat: Monitoring

- “Low and slow” titration should be a mantra
- SSRIs may be adjusted every month.
Stimulants can be increased on a weekly basis
- Finish titration when adequate efficacy is achieved or side effects emerge



Treat: Discontinuation

- Significant improvement or remission of symptoms should be noted for 6-12 months prior to consideration of discontinuing a psychopharmacologic medicine
 - Stimulants may be stopped without a taper
 - Nonstimulants/antidepressants should be slowly weaned



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Collaborate

- What current resources exist at Akron Children's for collaboration with behavioral health providers?

econsults

*Collaboration
initiatives*

TABBICAT



Collaborate

- Econsults: who has used them?


e-consults provide primary care physicians and patients a way to seek specialty guidance for straightforward problems that may not need in-person evaluation. Information between providers and patients can be shared more efficiently by adapting health care communication for convenience and access to specialty services.





Collaborate



- Econsults






ECONSULT PSYCHIATRY 

 **Panels** (No results found)

 **After Visit Medications** (No results found)

 **After Visit Procedures** 

	Px Code	Name
	O2104532102	ECONSULT TO PSYCHIATRY PANEL

 **During Visit Orders** 



- eConsults are not for urgent/emergent needs and will be addressed in 2-3 business days
- DO NOT use eConsult if active suicidal ideations or plan are present. Call PIRC 330-543-7472 or send to your nearest Emergency Department.
- Ensure relevant results are in Epic

✓ ECONSULT TO PSYCHIATRY

Routine, Normal

✓ Accept

✗ Cancel

Verbal Consent for Psychiatry eConsult Obtained?

 Yes No

Reason for eConsult?

 ADHD Mood Concerns/Depression Anxiety Unspecified

What symptoms are present?

 Depression Mania

How long have symptoms been present?

Describe symptoms:

Most recent PHQ-9 score:

Is there history of self-injurious behavior?

 No Yes

Has patient had suicidal ideation?

 No Yes

Has patient had any suicide attempts or mental health hospitalizations?

Collaborate

- Econsult FAQs

- **Q: Who can request an e-consult, and who can complete an e-consult?**

A: Any licensed advanced practice provider or physician may request an e-consult.

- **Q: What types of questions are not appropriate to send via e-consult?**

A. e-consults should not be used for urgent or emergent questions. e-consults should not be used to circumvent established scheduling practices or to secure an earlier appointment for a patient if not clinically warranted.

- **Q: Who is responsible for obtaining the family's verbal consent for the e-consult service and how is it documented?**

A: The requesting provider should obtain verbal consent from the family. The current charge is \$72, and the family may be responsible for charges not covered by insurance. Consent is to be documented in Epic or EpicCare Link.

- **Q: How long do specialists have to complete the e-consult?**

A: Three business days.



Collaborate

- TABBICAT Model

-In the early 2020's, therapists were embedded at ACH primary care locations

-“Therapists were co-located but not *integrated*,” -Eva Szigethy, dept chair

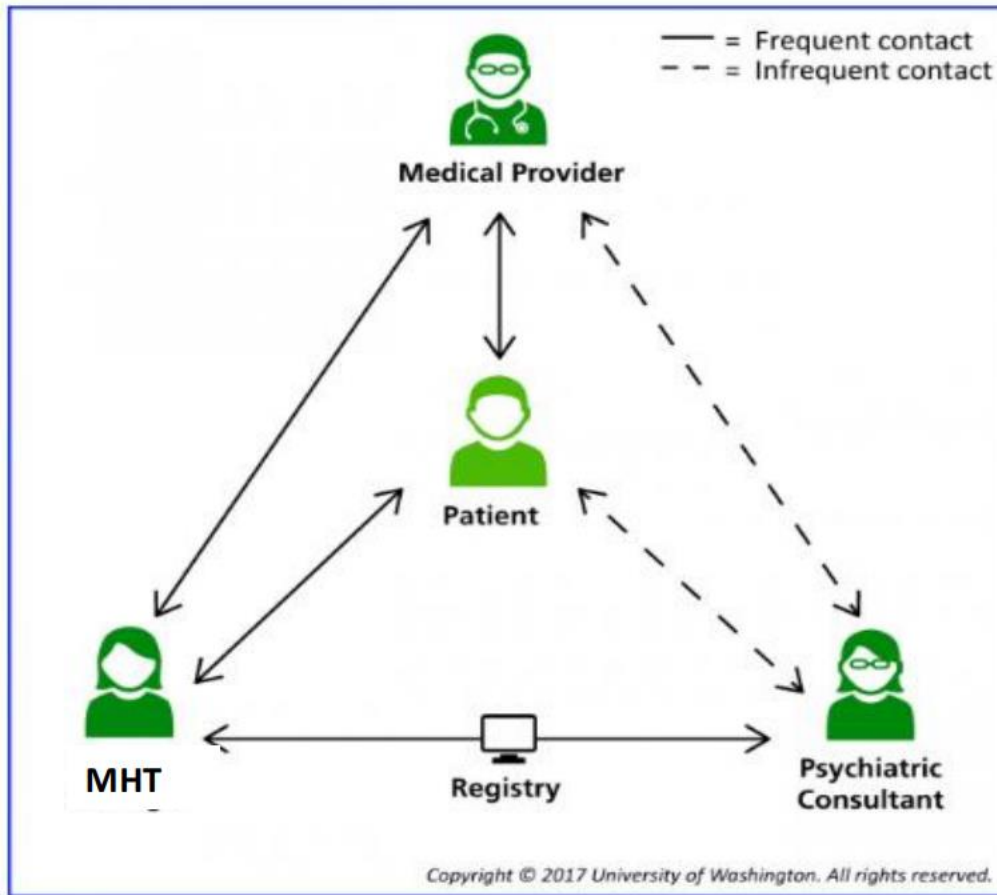
-Even with therapists at the clinics, 85% of patients who were referred to treatment never went, and only 10% who had an urgent behavioral health need could be seen within four weeks.



Collaborate

- TABBICAT Model
- Triage
- Assessment
- Brief Behavioral Interventions
- Care Coordination
- Tracking





Collaborate

- **TABBICAT Model- Triage**
- When a pediatrician identifies a behavioral need, they contact the on-site mental health therapist and care coordinator.
- The therapists reserve two half-hour slots a week for a same-day or next-day appointment for patients in crisis: “warm hand-offs”
- The average referral rate to ACH behavioral health providers rose from 55.8% to 87.4%. And 85% of referrals in January 2025 were seen by a behavioral health provider within two to four weeks — up from 10%



Collaborate

- TABBICAT Model- Assessment
- All patients receive four assessments: PHQ-9 for depression, GAD-7 and SCARED Child for anxiety, and the Mood and Feelings questionnaire
- In 2024, 96% of patients ages 12 and up received PHQ-9 screening; 10.3% scored moderate to severe, and 80.6% of those had a documented follow-up plan



Collaborate

- TABBICAT Model- Brief Behavioral Interventions
- Current literature show that brief in-clinic interventions are best for many mild-to-moderate cases
- Therapists are trained in First Approach Skills Training and Brief Strategic Family Therapy
- Data collection ongoing
- Goal to increase access



Collaborate

- TABBICAT Model- Care Coordination
- Behavioral Health Care Coordinators serve as liaisons among the MHT, pediatricians, psychiatrists, Inpatient providers, ED providers, and family



Collaborate

- TABBICAT Model- Tracking
- Warm hand-offs
- Time from referral to intake
- Referrals that successfully lead to intakes
- Number of days between referral to intake
- Clinical global impression assessment scores
- PHQ-9 scores
- Social drivers of health



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Refer


- Psychiatric Intake Response Center (PIRC)
 - For patients ages 5-18 who are having mental health emergencies
 - PIRC therapists are in the emergency rooms at the Akron and Boardman (Mahoning Valley) campuses
 - Works with families to make a plan that will keep their child safe and get them the right kind of help
 - Inpatient vs Outpatient






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Refer





 Dx Association  Edit Multiple  Options 

Standard 

 After Visit

 **AMB Referral To Psych Services**
 Internal Referral, Routine, Psychiatry

 Akron Children's Hospital Outpatient Pharmacy  330-543-8322

 PRINT AVS   **PEND ORDERS (1)** 



Refer

- Akron Children's Hospital offers specialty outpatient psychiatric care (counseling services and psychiatric medication management) in Akron, Canton, Mansfield, and Mahoning Valley
- Ages 5 - 17 ½
- Must be established ACHP to see an ACHP therapist
- Place an ambulatory referral in Epic (Psych services) or families can call 330-543-5015



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Refer

- Addiction medicine
 - Medication to help with withdrawal and cravings
 - Counseling for patients and their families.
 - Intensive outpatient treatment
- Currently at main campus only
 - Place an ambulatory referral in Epic (Addiction) or families can call 330-543-5015



Refer

- PHP (Partial Hospitalization Program)
 - Teens ages 12-18 at locations in Akron, Boardman, Canton and Mansfield
 - For kids who need more support than regular outpatient services but don't need to stay overnight in the hospital
 - 8:30 AM – 2:30 PM, Monday-Friday, for two weeks
 - DBT focused group therapy, individual therapy, medicine consultation appointment, family sessions, and integrative therapies
 - Place referral in Epic (Psych services) or families can call 330-543-5015



Refer

- IOP (Intensive Outpatient Program)

- Teens ages 12-18 at locations in Akron, Boardman, Canton and Mansfield, along with a virtual option serving kids across Ohio
- For kids who are already enrolled in counseling but need more support than regular outpatient services
- Three days per week from 3:30-6:45 PM for 4 to 6 weeks
- Group therapy and family support groups. Also has a DBT style modality
- Place referral in Epic (Psych services) or families can call 330-543-5015



Thank you!

Questions?

Comments?



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Sources

- Child and Adolescent Health Measurement Initiative. (2022-2023). National Survey of Children's Health. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). Retrieved August 8, 2024 from <https://nschdata.org/browse/survey?s=2&y=51&r=1&#home>
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