



## **BEHAVIORAL HEALTH COMMUNITY OF PRACTICE**

# **PRIMARY CARE AND MENTAL HEALTH: CROSS-SPECIALTY COLLABORATION**

Facilitator:

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Chief Nursing Officer

Eastern State Hospital

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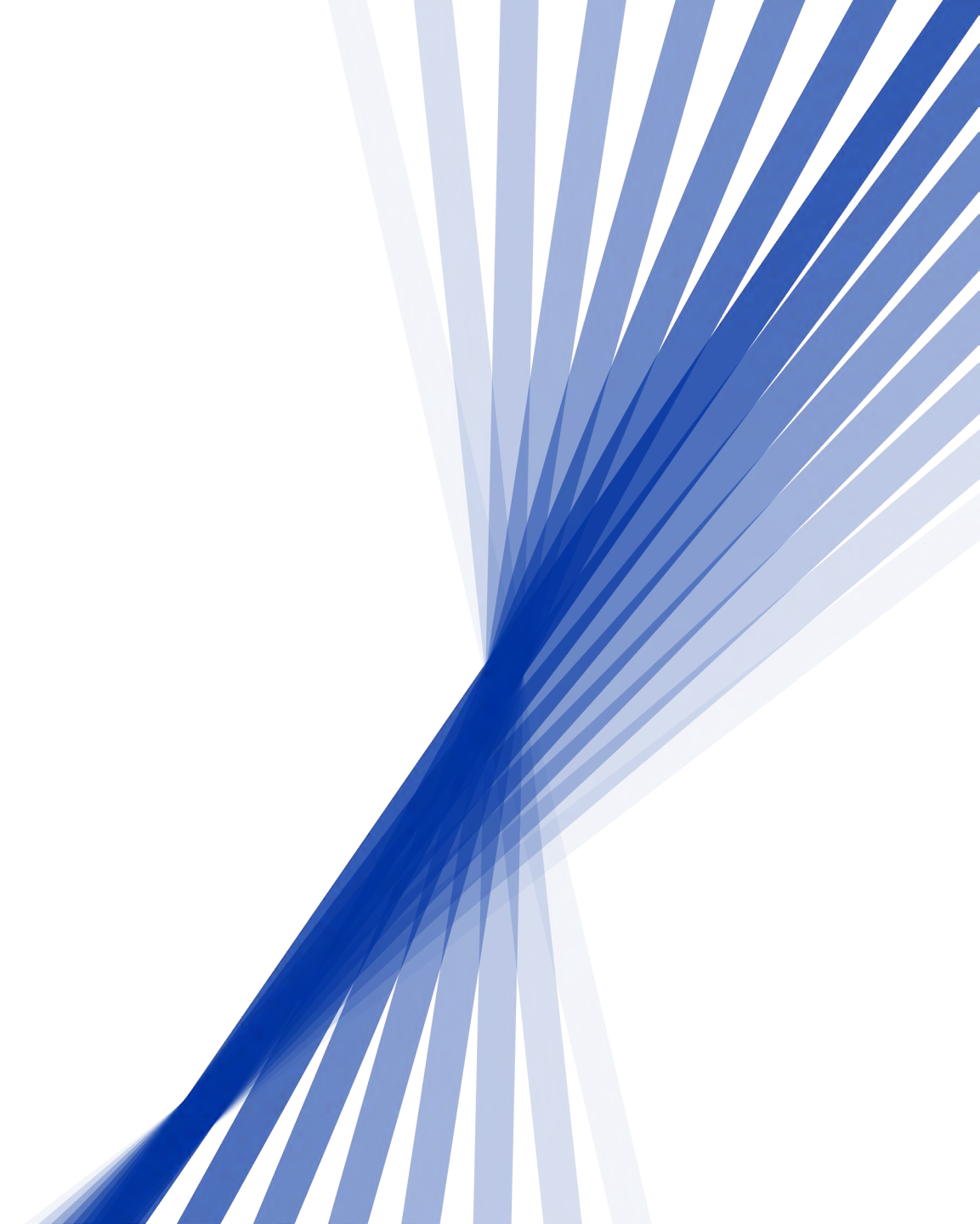
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## **IT TAKES A VILLAGE**

Mandakini Sadhir, MD

Cori Arena, DNP

Department of Pediatrics - UK Adolescent Medicine



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# OBJECTIVES

- Adolescent Medicine Clinic
- Review Relevant Data
- Recommendations

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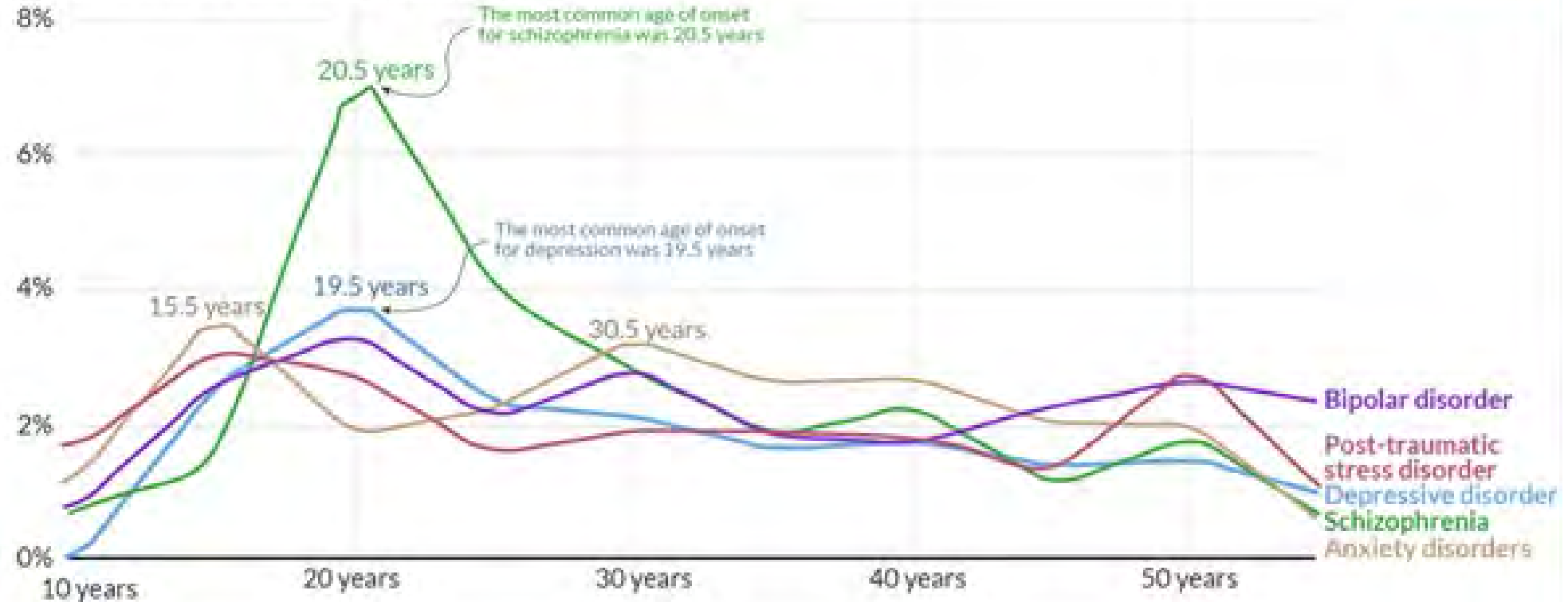
## ADOLESCENT MEDICINE CLINIC

Adolescent Medicine Clinic is a specialty clinic that provides comprehensive, interdisciplinary, inclusive, health care services in supportive environment for 12 and older adolescents and young adults.

The clinic has physicians, nurse practitioners, physician assistants, mental health providers, dietitians and social workers who work collaboratively to meet unique physical, mental and emotional needs of adolescents and their families.

# GLOBAL AGE OF ONSET OF MENTAL HEALTH DISORDERS

Share for whom the disorder begins at a given age

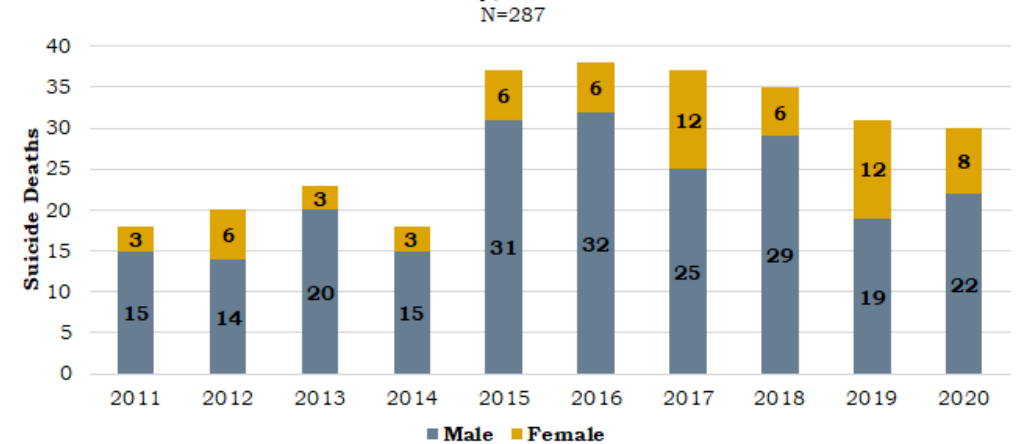


Source: Marco Solmi et al. (2021). Age at onset of mental disorders worldwide: large-scale meta-analysis of 192 epidemiological studies. *Nature Molecular Psychiatry*. OurWorldInData.org - Research and data to make progress against the world's largest problems. Licensed under CC-BY by the author Saloni Dattani.

# SUICIDALITY...

- Suicide is second cause of death among 10-24 years
  - It became 2<sup>nd</sup> most common for 10-14 years in 2016
- Fastest growing rates among 10-14 years
- Significant racial disparity. Suicide rates among black youth 13 and younger is twice that for white youth
- In KY, while ED visits for self-harm decreased for ages <24 years, there was 8% increase in inpatient hospitalization.

**Suicide Deaths to Children Aged 10-18 Years by Year and Gender; Kentucky, 2011-2020\***



Data Source: Kentucky Office of Vital Statistics, Death Certificate Data, Years 2011-2020  
\*All data are preliminary and subject to change. Data points are not limited to KY residents and also include out-of-state residents who died within KY.

# ER VISITS FOR MENTAL HEALTH

FIGURE 1. Weekly number of emergency department visits\* for overall mental health conditions' among children and adolescents aged 0–17 years, by sex — National Syndromic Surveillance Program, United States, 2019–2022

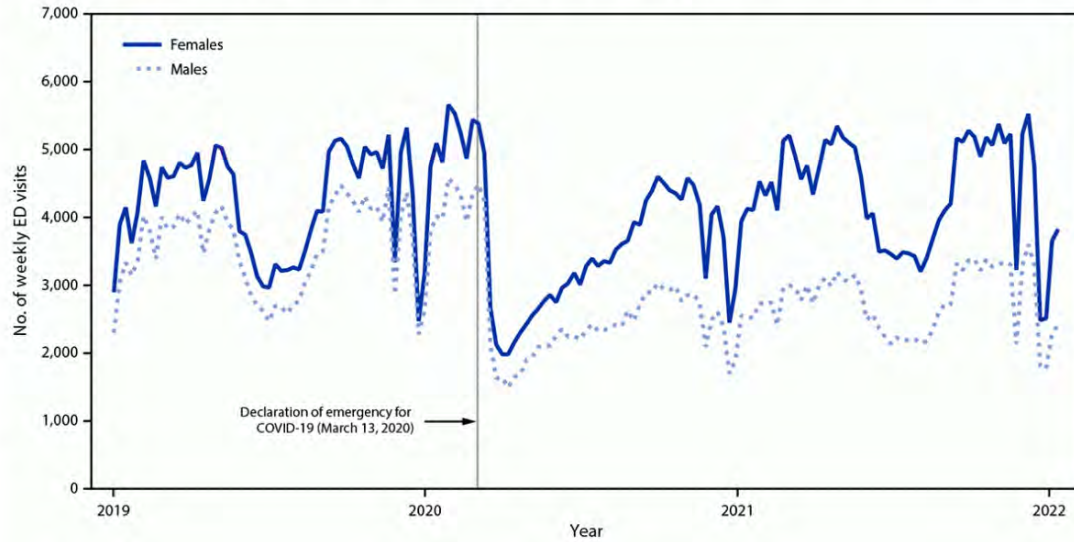
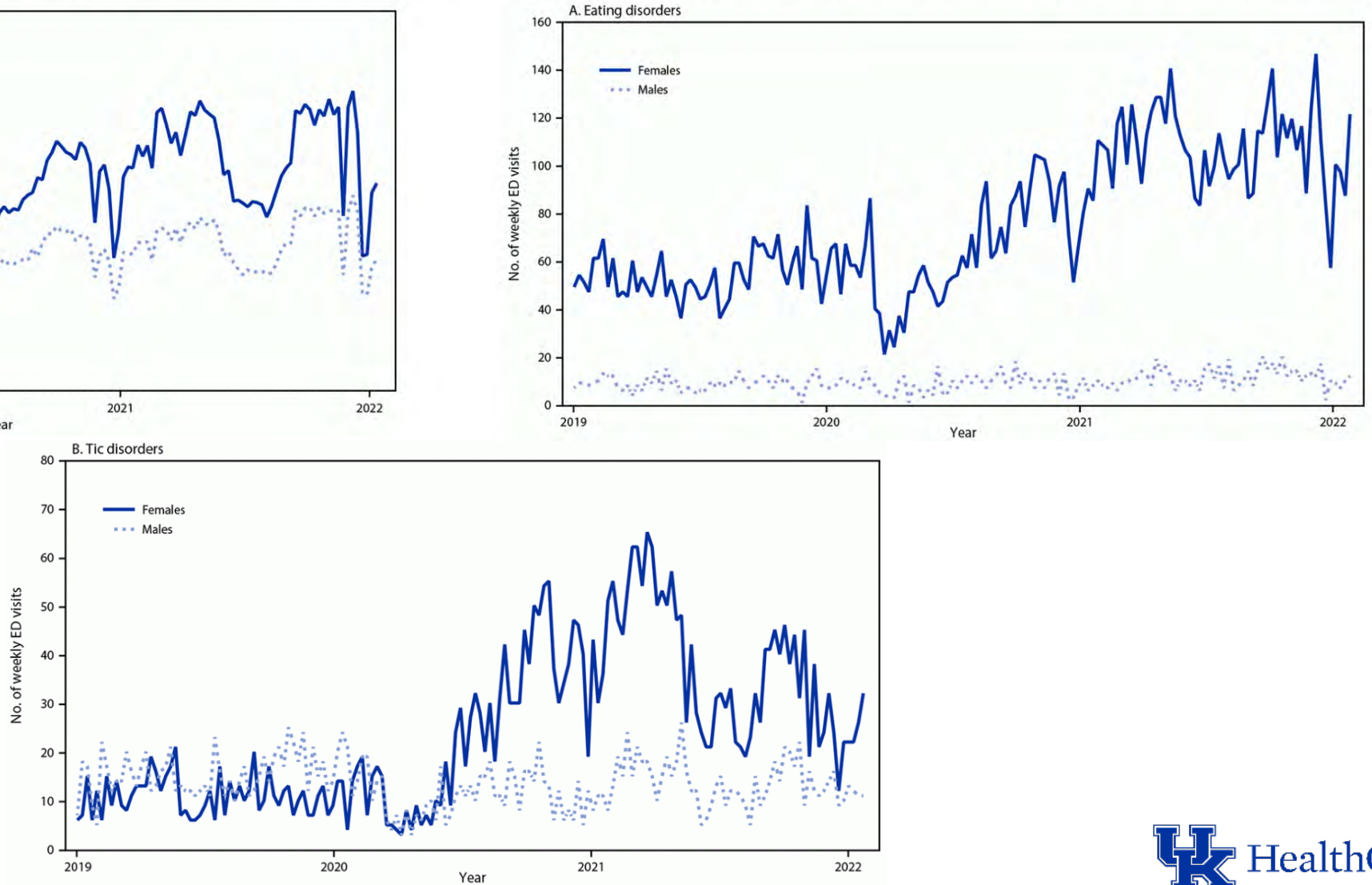


FIGURE 2. Weekly number of emergency department visits\* associated with eating disorders' (A) and tic disorders' (B) among adolescents aged 12–17 years, by sex—National Syndromic Surveillance Program, United States, 2019–2022



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# DEPRESSION AND ANXIETY PREVALENCE

Pre- Pandemic vs During Pandemic

Generalized anxiety 11.6% vs 20.5%

Depression symptoms – 12.9% vs 25.2%



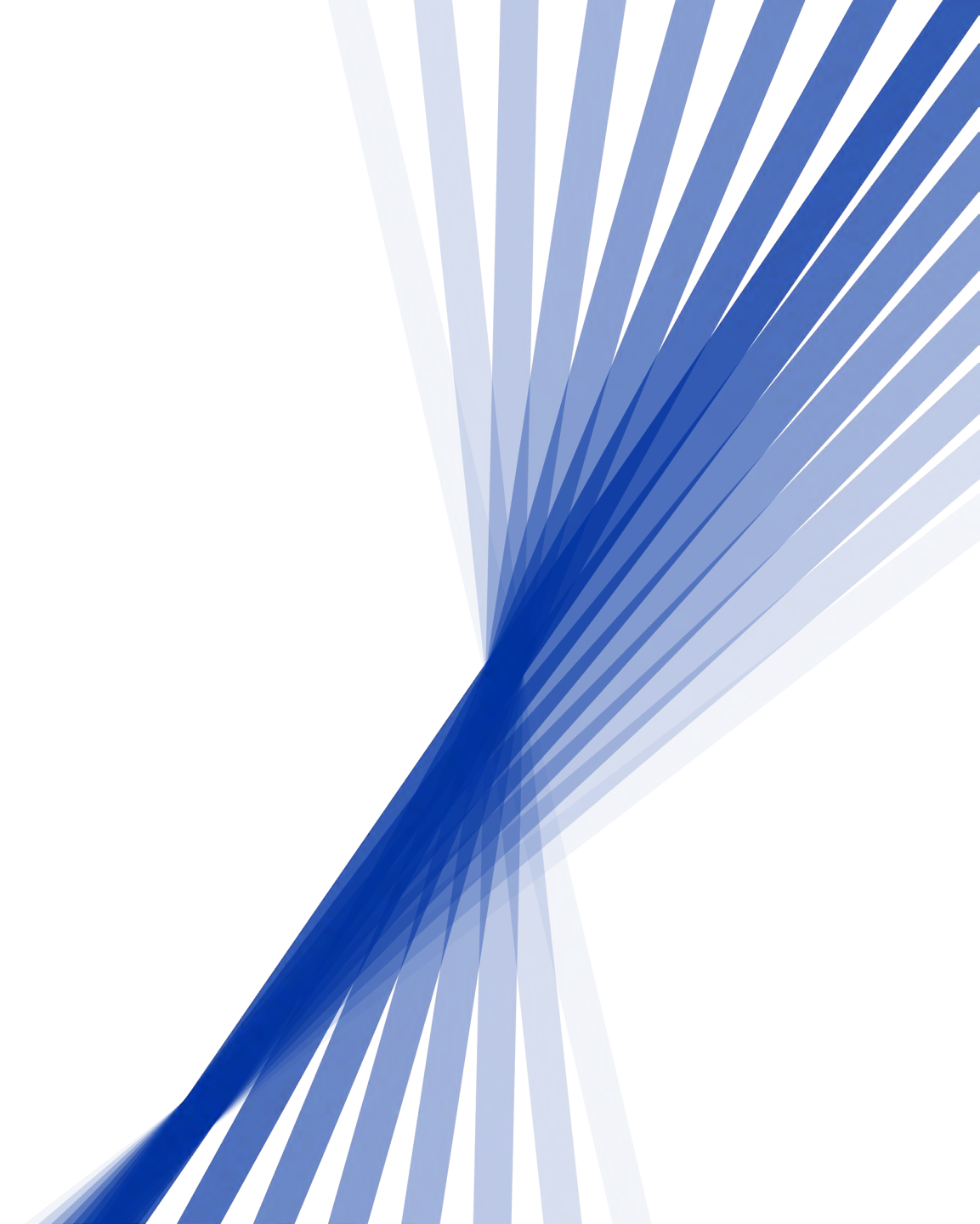
# RECOMMENDATIONS - FROM AN ADOLESCENT MEDICINE SPECIALIST PERSPECTIVE

<b>PCP without Behavioral Health Providers</b>  <b>*For our Patients</b>	<b>Influencing Patients to see a Behavioral Health Provider</b>  <b>*For Ourselves</b>	<b>Managing Care Together</b>  <b>*For our Teams</b>
<b>Establish a Screening Process</b> -Use of PHQ-A-9 & GAD-7	<b>Provider Introspection</b> -Examining our own limiting beliefs (and biases) and having self-compassion	<b>Psychological Safety</b> Ensuring a judgement free environment to discuss struggles of difficult practice challenges
<b>Establish a Referral Process</b> - Forming relationships with mental health community resources in your -Can start with: patients, coworkers, insurance, patient's employment benefits)	<b>Use of appropriate language</b> -Expansion of knowledge base to address mental health confidently with parents	<b>Interdisciplinary Practice</b> Establishing collaborative relationships
<b>Provide Patient and Parental Resources</b> -988 Number -AFSP (American Foundation for Suicide Prevention) Parent Kit		



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**QUESTIONS?**



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**QUESTIONS?**

**PLEASE DROP QUESTIONS FOR THE SPEAKER IN THE CHAT**



# PRIMARY CARE AND MENTAL HEALTH: CROSS SPECIALTY COLLABORATION

Markey Cancer Center

Joan Scales, MSSW, LCSW, OSW-C



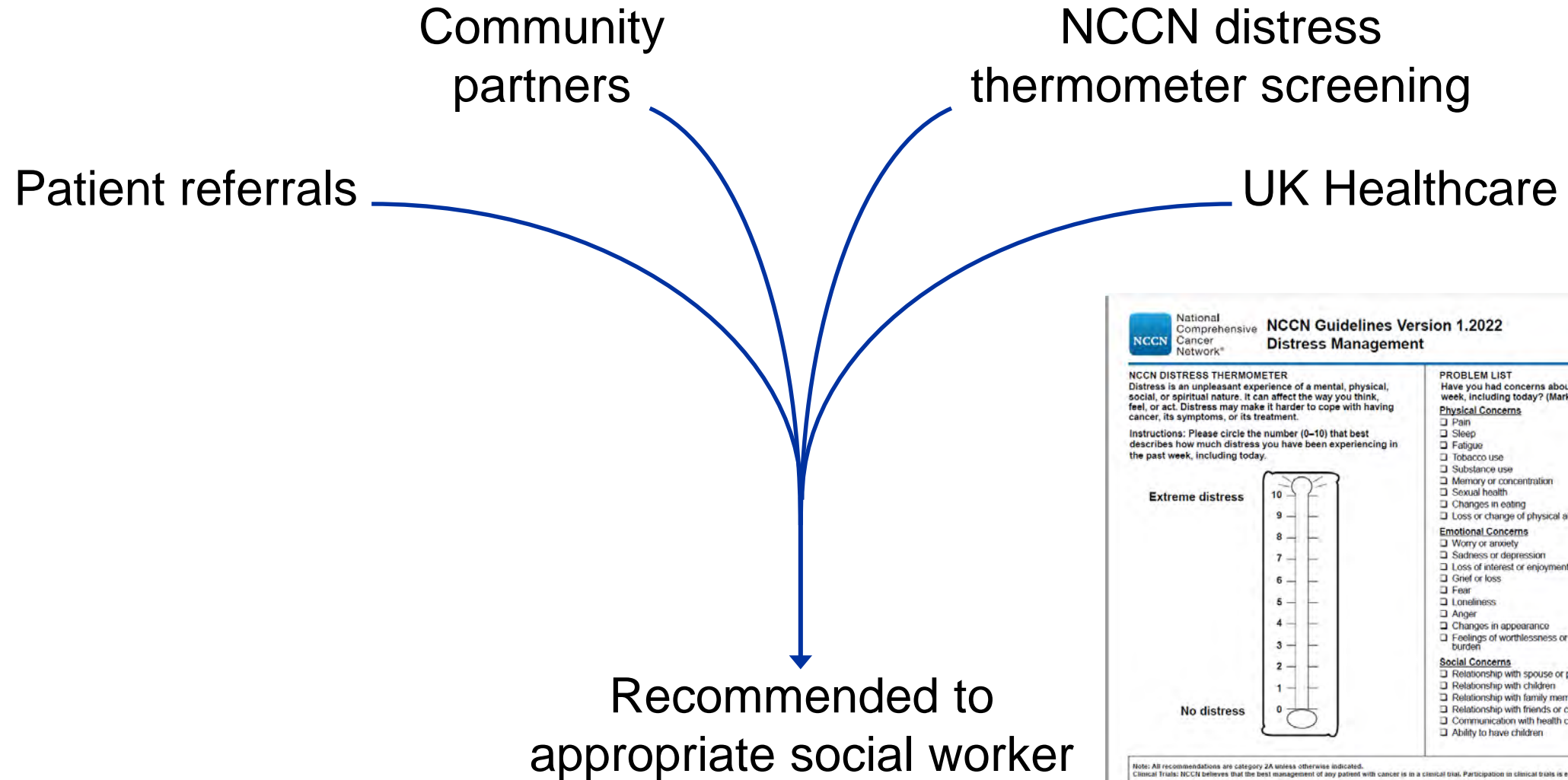


# Psych-Oncology Services

- 3 LCSWs 8 CSWs
- 2 Registered Dietitians
- 1 Financial Advocate
- Patient Navigator  
(coming soon)



# How do our patients access us?



**NCCN** National Comprehensive Cancer Network®

**NCCN Guidelines Version 1.2022**  
**Distress Management**

[NCCN Guidelines Index](#)  
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**NCCN DISTRESS THERMOMETER**  
Distress is an unpleasant experience of a mental, physical, social, or spiritual nature. It can affect the way you think, feel, or act. Distress may make it harder to cope with having cancer, its symptoms, or its treatment.

**Instructions:** Please circle the number (0–10) that best describes how much distress you have been experiencing in the past week, including today.

**Extreme distress** 10

9

8

7

6

5

4

3

2

1

**No distress** 0

**PROBLEM LIST**  
Have you had concerns about any of the items below in the past week, including today? (Mark all that apply)

Physical Concerns	Practical Concerns
<input type="checkbox"/> Pain	<input type="checkbox"/> Taking care of myself
<input type="checkbox"/> Sleep	<input type="checkbox"/> Taking care of others
<input type="checkbox"/> Fatigue	<input type="checkbox"/> Work
<input type="checkbox"/> Tobacco use	<input type="checkbox"/> School
<input type="checkbox"/> Substance use	<input type="checkbox"/> Housing
<input type="checkbox"/> Memory or concentration	<input type="checkbox"/> Finances
<input type="checkbox"/> Sexual health	<input type="checkbox"/> Insurance
<input type="checkbox"/> Changes in eating	<input type="checkbox"/> Transportation
<input type="checkbox"/> Loss or change of physical abilities	<input type="checkbox"/> Child care
<input type="checkbox"/> Worry or anxiety	<input type="checkbox"/> Having enough food
<input type="checkbox"/> Sadness or depression	<input type="checkbox"/> Access to medicine
<input type="checkbox"/> Loss of interest or enjoyment	<input type="checkbox"/> Treatment decisions
<input type="checkbox"/> Grief or loss	<b>Spiritual or Religious Concerns</b>
<input type="checkbox"/> Fear	<input type="checkbox"/> Sense of meaning or purpose
<input type="checkbox"/> Loneliness	<input type="checkbox"/> Changes in faith or beliefs
<input type="checkbox"/> Anger	<input type="checkbox"/> Death, dying or afterlife
<input type="checkbox"/> Changes in appearance	<input type="checkbox"/> Conflict between beliefs and cancer treatments
<input type="checkbox"/> Feelings of worthlessness or being a burden	<input type="checkbox"/> Relationship with the sacred
<input type="checkbox"/> Relationship with spouse or partner	<input type="checkbox"/> Ritual or dietary needs
<input type="checkbox"/> Relationship with children	<b>Other Concerns:</b>
<input type="checkbox"/> Relationship with family members	_____
<input type="checkbox"/> Relationship with friends or coworkers	_____
<input type="checkbox"/> Communication with health care team	_____
<input type="checkbox"/> Ability to have children	_____

Note: All recommendations are category 2A unless otherwise indicated.  
Clinical Trials: NCCN believes that the best management of any patient with cancer is in a clinical trial. Participation in clinical trials is especially encouraged.

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DIS-A

# When and Where to Refer?

- From diagnosis to survivorship—support across the continuum of care
- Refer to our community partners when barriers cannot be fully addressed
  - Cancer related
  - Non-cancer related

# Frequent Partners within Community

## **UKHC/Markey**

Dietitians, Financial Advocate, Integrative Medicine & Health team, palliative care, specialty pharmacy

## **Cancer Community**

American Cancer Society Hope Lodge, Kentucky Cancer Link, Hope Scarves, LiveStrong, Friend for Life

## **Lexington Community**

Food Pantry, community mental health, homelessness, legal assistance

## **National Community**

American Cancer Society, The Leukemia & Lymphoma Society, Cancer Care, National Cancer Institute, Cancer Legal Resource Center



# Cancer and Depression

Common amongst patients undergoing treatment 25% of patients experience depression

- Need to assess if symptoms are a side effect of treatment, pre-existing MH
- It is not uncommon for patients to experience depressive symptoms after diagnosis, as well as during and after treatment
- Depression can negatively impact a patient after treatment ends.



# Social Work within Cancer Care

Ambulatory and Hospital social work

- 11 social workers
- 8 CSW: address barriers to care and offer supportive counseling
- 3 LCSW: offer clinical counseling and address barriers to care



# Collaboration

We rely on our community partners and current staff to help us address barriers to care.

- Regular contact
- Develop rapport
- Partnership
- Efficient

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**QUESTIONS?**

**PLEASE DROP QUESTIONS FOR THE SPEAKER IN THE CHAT**



# WE WANT TO HEAR FROM YOU! BARRIERS AND BRIGHT SPOTS FOR MANAGING CARE TOGETHER



Let's discuss!

Please scan the QR Code  
to access the activity.



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# THANK YOU FOR PARTICIPATING!



**KYREC@UKY.EDU**

**859-323-3090**



We want to hear from you!

Please scan this QR code  
to take the survey.





**NEXT COMMUNITY OF  
PRACTICE SESSION:**

**Addressing Patient Barriers with  
Community Resources**

**May 4, 2023,  
12-1PM ET**

# BEHAVIORAL HEALTH COMMUNITY OF PRACTICE LEADERSHIP TEAM



**Seth Himelhoch, MD, MPH**  
Chair, Department Of  
Psychiatry, UKHC



**Lindsey Jasinski, PhD**  
Chief Administrative Officer,  
Eastern State Hospital



**Andrew Cooley, MD**  
Chief Medical Officer, Eastern  
State Hospital



**Marc Woods, DNP, MSN, RN**  
Chief Nursing Officer, Eastern  
State Hospital



**Julie Gosky**  
Regional Director CCBHC  
Health Initiatives, New Vista



**Trudi Matthews**  
Senior Director Of Quality And  
Value Strategy, UKHC



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Healthy KY Initiative  
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