

Beyond Crayons & Cards: Supporting the Mental Health Population on an Inpatient Pediatric Medical Unit

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Today's Objectives

- Identify and discuss components of child and adolescent mental health
- Identify challenges and considerations when working with the mental health population
- Discuss the hospital's immediate response to a dramatic increase of mental health admissions
- Explain long term initiatives for the mental health population and staff
- Deliberate the emotional effects of working with the mental health population



Adolescent Mental Health

- Prevalence:
 - 1 in 5 children/adolescents will have a serious mental health disorder at some point during these years. (NIH, 2017)
 - Mental health hospitalizations are rapidly increasing
 - Admissions grew 24% between 2007-2010 (Bunim, J., 2014).
- Within the last year nearly 13% of 8-15 year old children and adolescents have been diagnosed with a mental health disorder (NIH, 2017).
 - ADHD 8.5%
 - Mood Disorders 3.7%
 - Major Depressive Disorder 2.7%



Adolescent Mental Health con't.

- Mental Health Services in 2015 received by 12-17 year olds in the US
 - 2.2 million received services in a mental health setting
 - 3.2 million participated in a behavioral health program associated with school or alternative educational setting.
 - 668,000 received services by a medical professional
- Contributing factors for these statistics include: individual attributes and behaviors, social and emotional factors, and environmental factors



Challenges for the Caregiver

- Group Work ☺
 - In your setting what are challenges that you face when working with this population?
 - What challenges does your multidisciplinary team face?



Challenges for the Caregiver

- Lack of formal education/training for the multidisciplinary team
 - "I don't know what to say."
 - "I don't know how to respond if they act out."
- Lack of mental health professionals on the multidisciplinary team
- Complete mental health history is not always known at the time of admission
- Safety considerations/environment
 - Restrictions
 - Interactions on the unit with non-mental health patients
- Length of stay – looking for placement



Getting the Ball Rolling...Our Initial Process

- Pre 2017 "Crisis" period
 - Child and adolescent psychiatrist evaluated all mental health patients admitted to the inpatient units (ONE psychiatrist on staff)
 - Psychiatrist approved normalization and therapeutic activities for patient
 - Safety Checklist
 - Case management arranged bed placement at residential facilities if required
 - Mental health patients wore a green hospital gown
 - 24 hour/day Patient Safety Advocate (PSA)



Drastic Increase Spring 2017

- Thirteen Reasons Why.....
- Quick and rapid increase in population
 - ED/Inpt Admissions
 - 2016: 143
 - 2017: 168
 - Limited support from PSAs
 - Increased length of stay
 - More severe suicide plans/attempts
 - Multiple bereavements related to mental health



Crisis Reaction

- Adaptations in the Spring of 2017
 - Psych liaisons began evaluating patients admitted through the Peds ED
 - Pediatrics hospitalists began assuming care of patients not evaluated by the psychiatrist
 - Approved normalization and therapeutic activities
 - Added a second psychiatrist to the children's hospital staff
 - Implemented safety carts/locked cabinets for each patient for personal belongings
 - Patients wore a green hospital gown AND my child ID alarm band
 - Designated a patient safety room



Crisis Reaction

- Serious emotional and work/life balance impact on medical front line staff
- Integrated self-care, debriefing, and educational opportunities for staff
 - Q&A sessions with psychiatrist and adult psych staff
 - Quick Tips with psych liaisons
 - Self-care with the Animal Assisted Therapy department and Chaplaincy
- Revised the Safety Observation Checklist
- Incorporate art therapist on the child life staff more with this population



Long Term Improvements

- Development of the Pediatric Behavioral Health Steering Committee and its subcommittees
 - Environmental and Room Safety
 - Clinical Management
 - Policies, Roles, and Guidelines
- Addition of an inpatient psych liaison dedication to pediatrics!!!!
- Utilization of the child life forum...what's out there?
 - Activity guidelines
 - Coping Plans
- Development of Inova resources
 - Safety Observation Checklist revision
 - More activity standardization and accessibility
 - Coping Plan worksheet
- Psych liaison and child life collaboration
- Overall staff support, mini debriefings
- Research trainings
- Opening of an Inpatient Adolescent Mental Health Unit on campus



Safety Observation Checklist

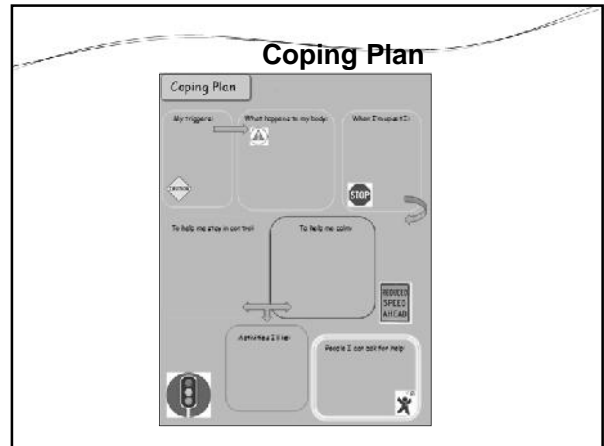
Activity Checklist

Activity Guidelines for Special Observation Patients

Low Risk	Moderate Risk	High Risk
Phone calls	Self-harm	Self-harm
Smoking	Alcohol	Alcohol
Sex	Sex	Sex
Substance use	Substance use	Substance use
Medication	Medication	Medication
Food and nutrition	Food and nutrition	Food and nutrition
Hydration	Hydration	Hydration
Personal care	Personal care	Personal care
Activities of daily living	Activities of daily living	Activities of daily living
Orientation	Orientation	Orientation
Communication	Communication	Communication
Thoughts	Thoughts	Thoughts
Emotions	Emotions	Emotions
Behavior	Behavior	Behavior
Physical health	Physical health	Physical health
Mental health	Mental health	Mental health
Overall well-being	Overall well-being	Overall well-being

* Check items for WAFS

In order to help to provide a safe environment patients should have maximum 2 staff/100 sq ft of area. Once a patient has been notified of facility rules and policies, the "2 in 1" sign should be posted.



- ### Case Study
- Patient S
 - 14yF
 - Presented to the ED with suicidal ideation and a plan
 - She has a history of 2 prior psychiatric hospitalizations in mental health facilities
 - 21 day Inpatient admission prior to transfer
 - 1:1 sitter as well as security guard at bedside 24/7

- ### Ongoing Struggles
- Lack of specific training
 - Self doubt
 - Communication regarding updates to a patient's status on the Observation Checklist
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- ### What We Have Learned
- We know how to care for patients
 - We have resources among us – we need to communicate and tap into them
 - Self-care cannot be overlooked
 - We need to care for the frontline staff
 - Support staff and population specific staff are vital when serving this population
 - Collaboration, regular debriefings/updates, and then creation of committees to drive goals and standards
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- ### Inform US!!
- What are your best practices?
 - How do you serve and support the mental and behavioral health population at your facility?
 - How would you like to see your role develop when working with this population? How do we get there?
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Questions???...Comments!!!

Thanks so much for attending our session and discussing ways to better serve the pediatric and adolescent mental and behavioral health population.



References

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