PPS-PSCAP-PPA Task Force on Mental Health

# Child and Adolescent Mental Health within REACH

**(Resiliency, Empathy, Acceptance, Connection, Hope)**

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## Education and Training

- Doctor of Medicine, UERM-MMC
- Pediatric Residency, The Medical City
- Fellowship, Child and Adolescent Psychiatry, Philippine Children's Medical Center

## Current Positions/Affiliations

- President, Phil Society for Child and Adolescent Psychiatry
- Chair, Department of Psychiatry, St Luke's Medical Center, Global City
- Training Officer, The Medical City Child and Adolescent Psychiatry Fellowship Program

# Management of the Child and Adolescent at Risk

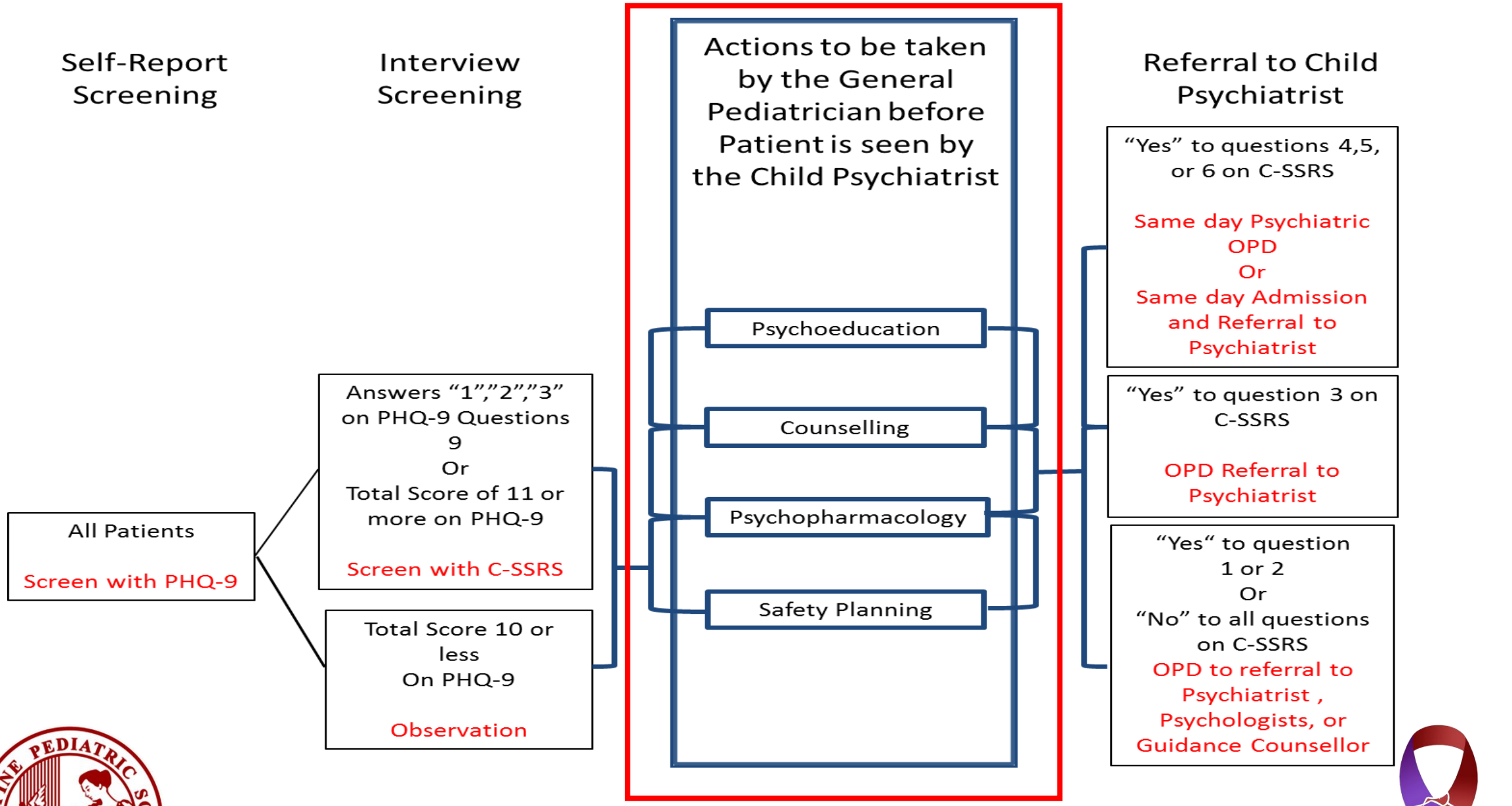
**Vanessa Kathleen Cainghug, MD, FPSCAP, FPPA**

Child and Adolescent Psychiatrist

# Outline

- Process of Referral (REVIEW)
- Psychoeducation and Counselling
- Psychopharmacology
- Safety Planning
- Psychosocial Support


# Process of Referral


Self-Report Screening
Interview Screening
Actions to be taken by the General Pediatrician before Patient is seen by the Child Psychiatrist
Referral to Child Psychiatrist
All Patients
Screen with PHQ-9
Answers "1","2","3" on PHQ-9 Questions 9
Or
Total Score of 11 or more on PHQ-9
Screen with C-SSRS
Total Score 10 or less
On PHQ-9
Observation
Psychoeducation
Counselling
Psychopharmacology
Safety Planning
"Yes" to questions 4,5, or 6 on C-SSRS
Same day Psychiatric OPD
Or
Same day Admission and Referral to Psychiatrist
"Yes" to question 3 on C-SSRS
OPD Referral to Psychiatrist
"Yes" to question 1 or 2
Or
"No" to all questions on C-SSRS
OPD to referral to Psychiatrist , Psychologists, or Guidance Counsellor

# Process of Referral

- Plans should be explained in a calm and reassuring manner
- Interventions and referral recommendations should be noted in patient's record
- It is recommended that primary care physicians arrange appointment schedules for the patient before leaving the clinic

# Psychoeducation and Counselling

# Psychoeducation and Counselling

- Pronouncement of suicidal thoughts should never be dismissed acknowledge seriousness of the pronouncement
  - **“You must really be suffering deeply for you to be thinking of hurting yourself.”**

- Reassure the patient’s cry for help has been heard
  - **“You’re not alone in this. I’m here for you.”**
  - **“I may not understand exactly how you feel, but I care about you and I want to help.”**

# Psychoeducation and Counselling

- Inform the patient the need to tell the family to facilitate plan of treatment

  **"As I said a while ago, I'm going to have to inform your family about these suicidal thoughts so we can enlist them in a plan that can keep you safe and address the suffering. Rest assured I will only communicate what is necessary and keep the other information between us."**

# Psychoeducation and Counselling

- Psychoeducation should be initiated in the patient and family regarding suicide risk and plan of action

- It is important to emphasize that suicide is a medical emergency and depression is a medical illness

# Psychoeducation and Counselling

- Explain the neurobiology of Depression
  - Depression as a result of imbalance of neurotransmitters in the brain

- Discuss psychosocial perspective of suicide and depression
  - Suicide and depression as a result of cognitive distortions in the patient's view of the self, others and future resulting in changes in patient's current thinking and behavior

# Psychoeducation and Counselling

- Remain calm and composed in the face of varying reactions from families
  - Avoid overreacting or underrating
- Be aware of one's own reactions
- Effectively communicate the gravity of the situation
- Reassure the parents that treatment are available and effective


# Safety Planning

# What is Safety Planning?

- Systematic approach to maintaining safety of a suicidal patient
- Developed by Stanley and Brown for use in ER, trauma centers, crisis hotlines and outpatient clinics
- Takes 20 to 45 minutes
- Collaborative with the patient
- Goal: provide patients with specific coping strategies and support sources once suicidal thought arises

# Safety Planning Steps

1. Recognize Warning Signs (situations, thoughts, moods or behavior)
2. Employing internal coping strategies
3. Utilize Social Contacts and settings as a means of distraction
4. Contacting family members or friends who may resolve the crisis
5. Contacting mental health professional or agencies
    a. Emergency room
    b. Suicide hotline
6. Reducing potential use of lethal means

# Safety Plan Template

1. Recognise warning signs ( " what are thoughts, mood, behaviour or situations that you associate with suicide?" )
   a. _____
   b._____
2. Identify Internal Coping strategies ( What can i do on my own to cope with suicidal thoughts? "
   a._____
   b._____
3. Identify social contacts and settings as a means of distraction ( Who can i call or where can i go to distract me from suicidal thoughts?")
   a. _____
   b._____
4. Enumerate people that will help resolve suicidal crisis. ( Who can help me when i am suicidal?" )
   a. _____
   b._____
5. Identify Mental health professionals and agencies with their corresponding contact numbers ( " Who are the professionals i can contact during a suicidal crisis?"
   a. _____
   b._____
6. Reducing potential lethal means ( How can i make my environment safer? "
   a. _____
   b._____

# Safety Plan for Hospital Admissions

- Patient should be admitted at a hospital room  with no access to potential sources of harm
- Must be placed on suicide precaution
- 24 hour watcher should be ordered
- Proper documentation of suicide risk assessment and intervention done during treatment
- Medication such as antihistamines (e.g., Diphenhydramine 25-50 mg/cap, 1 cap as needed) or benzodiazepines(e.g. Clonazepam 2mg/tab 0.25-2 mg as needed) at the lowest possible dose may be used to calm or sedate the patient if deemed necessary

# Discharge Instructions and Safety Planning at Home

- Prior to discharge, assessment of the availability of family members at home should be conducted
- Emphasize the need to have a supportive person at home at all times
- Psychoeducation of the parents regarding the child's condition and issues that may cause further suicidal behavior

# Discharge Instructions and Safety Planning at Home

- Safely plans at home must be discussed to parents and caregiver
  - limit access to firearms, medications and disinhibiting substances
  - the need to be with a supportive adult at all times

- Follow-up appointment should be scheduled before discharge

# Sample Discharge Instructions

1) Ensure that a supportive person is with the patient at all times
2) Remove access to firearms, lethal medications or any potential sources of self harm
3) Avoid alcohol or drugs that can have disinhibiting effects
4) Be compliant to prescribed medication/s. Take home medications include the ff:
   A. _____
   B. _____
5) Do not miss appointments. The next follow up appointment is scheduled on : _____

# Psychopharmacology

# Developmental Pharmacokinetics in Children

- Smaller body size → smaller volume of distribution → higher peak plasma concentration
- More liver and kidney parenchyma relative to body size → relatively greater metabolic capacity → shorter half life
- Relatively more body water than adipose → faster elimination

# Medications for Anxiety and Sedation

- Antihistamines
  - Diphenhydramine
    - Dosage forms: 25 mg tab, 50 mg tab,12.5 mg/5 mL
    - Dosage Range:
      - For children (oral/IM/IV) 1-2 mg/kg/dose every 6-8 hours; max dose 300 mg/day or 50 mg/dose or a total daily dose of 5 mg/kg/day
      - For adults 25-50 mg every 4-6 hours; IM/IV 10-50 mg/dose every 4 hours not to exceed 500 mg/day or 100 mg/dose
  - Hydroxyzine
    - Dosage forms: 10 mg tab, 25 mg tab , 2 mg/ mL
    - Dosage Range : 1-2 mg/kg/day in divided doses ( 6 and older : 50-100 mg/day in divided doses; less than 6 years old : 50 mg/day in divided doses )
  - What to watch out for : Sedation and anticholinergic symptoms ( dry mouth, constipation )

# Medications for Anxiety and Sedation

- Benzodiazepines
  - Clonazepam
    - Dosage form : 2 mg tab
    - Dosage Range : 0.25-2 mg/day
  - Alprazolam
    - Dosage form:  250 mcg tab, 500 mcg tab
    - Dosage Range:  0.25 mg-4 mg/day
  - What to watch out for : sedation, drowsiness, decreased alertness, disinhibition

# Anti depressants

Given to patients diagnosed with Major Depressive Disorder or with Anxiety disorders

- **Fluoxetine**
  - Dosage form : 20mg capsule
  - Dosage Range : 20-80 mg / day
  - Starting Dose: 10 mg/day
- **Sertraline**
  - Dosage form: 50 mg tab
  - Dosage range: 50-300 mg/day
  - Starting Dose: 25 mg/day

# Anti depressants

- Escitalopram
  - Dosage form : 10 mg tab, 20 mg tab
  - Dosage Range: 10-40 mg/day
  - Starting Dose : 5-10 mg/day
- What to watch out for : Gastrointestinal( decreased appetite, nausea, diarrhea, dry mouth), headache, fatigue, insomnia/hypersomnia,  In case of Bipolar Disorder patients, patients may present with manic symptoms

# Anti psychotics

- Given for patients with symptoms of psychosis ( disorganised speech and behavior, auditory and visual hallucinations and delusions )
- Referral to a child and adolescent psychiatrist
- Commonly prescribed medications :
  - Risperidone
  - Olanzapine
  - Aripiprazole

| Level of Risk | Psychopharmacology |
|---|---|
| Low Risk | • Generally not indicated<br>• But may give PRN medications for anxiety or sedation only when necessary |
| Medium Risk | • May give medications for anxiety or sedation when necessary<br>• May start anti depressants if with depressive symptoms until seen by a child and adolescent psychiatrist |
| High Risk | • May start antidepressants if with depressive symptoms until seen by a child and adolescent psychiatrist<br>• May start medications for anxiety when necessary |

# Precautions

- **Start Low, Go Slow**
- Assessing safety depends on adult monitoring and reporting
  - General and open ended inquiry by the clinician to the child and parent during a medication management visit
- Higher level of suspicion is warranted when treating children with psychotropics
- Remind parents to keep medications for safe keeping and ensure that suicidal patient has only limited access to the medication
- Advise parents to be the one to dispense medication to the child and/or adolescent

# Psychosocial Support

# Psychosocial Support

It is important to utilize different  sources of psychosocial support for the patient

- Family
  - necessary to educate the family about suicidal behavior and process family conflicts
- Community
  - suicide hotlines; church communities
- Peers
- School

# Psychosocial Support

Increase protective factors for the patient

- emotional and psychological support from family and friends
- sense of family cohesion
- school connectedness
- sports involvement
- academic achievement

# Postvention

- Suicide survivorship vs exposure to suicide
- Activities developed by, with or for suicide survivors in order to facilitate recovery after suicide and prevent adverse outcomes
- help prevent or contain suicide clusters and help the youth to effectively cope with feelings of loss that come with sudden death or suicide of a peer
- Provides good understanding of the process of bereavement and acknowledges everyone's individual differences in experiences

# Postvention

- Mechanism for increased risk of suicidal ideation and behavior among some of the survivors:
  - Identification with the deceased
  - Social modelling
  - Punishment of perceived blame
  - Genetic factors

- 4 main footholds: support, learn, counsel and educate

# Postvention

- Community approach to Postvention :

  - Verify the death and cause
  - Coordinate resources
  - Disseminate information
  - Support those most impacted by death
  - Identify those people at risk
  - Commemorate the event
  - Provide psychoeducation on grieving, depression, PTSD and suicide
  - Provide services as needed within the community
  - Link to resources
  - Evaluate and review

# Postvention

- Other strategies :
  - Family Intervention
  - Individual Grief Therapy

# Important Points

- Children and adolescents found to be at risk should be further evaluated by a psychiatrist or mental health professional
- Referrals can be facilitated
- While waiting for the appointment, the general physician/pediatrician should do pscyho-education and counseling, initial pharmacologic management and safety planning