Connecting At-Risk Adolescents: Partnering with Pediatricians and Behavioral Health Providers

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Background

- Suicide is second leading cause of death for people ages 15-19 years old [1].
- Over 1 million high school students are treated annually for suicide attempt [2].
- 66% of patients who die by suicide see a primary physician within 1 month before death [3].
- The USPSTF recommends screening for major depressive disorder in adolescents aged 12 to 18 years (Category B recommendation) [4].
- The youth suicide rate (ages 10-19) in El Paso County from 2005-2014 was 9.3 per 100,000 people, which is higher than Colorado (7.9) and double the U.S. (4.6) [5].

Objective

By October 1, 2018, we will provide families whose child was recommended behavioral health consult with updated information on local psychiatric services. On follow-up phone call, we hope to increase counseling by 25% in our at-risk pediatric patients by February 1, 2019.

Methods

- We created an updated referral sheet for various behavioral health services (BH).
- This handout was given to patients with PHQ9 score of >9 or patients whom the pediatrician felt would benefit from BH follow-up.
- We then called parents of patients who were referred to BH before (July - October 2018) and after (November 2018 - February 2019) this handout was created.
- We compared our pre-intervention success rate, defined as attending a BH follow-up appointment, with our post-intervention success rate.

References

[1-3] Wilcox, Holly C, and Peter A Wyman. “Suicide Prevention Strategies for Improving Population Health.” *Child and Adolescent Psychiatric Clinics of North America.*, vol. 25, no. 2, pp. 219–233.
[4] *U.S. Preventive Services Task Force (USPSTF)*. Rockville, MD: U.S. Dept. of Health & Human Services, Agency for Healthcare Research and Quality, 2000.
[5] 2016-2017 Quality of Life Indicators, Pikes Peak United Way and UCCS Economic Forum

Patient Handout

Psychologists

Angie Myers
719-249-1096
3210 E Woodmen Road, Suite 110
Colorado Springs, Colorado 80920
Sliding scale cash pay only

Dr. Ashley Williams, Tiffany Nerguizian, and Scott Gregory
The Center for Behavioral Care
719-574-6562
4760 Flintridge Dr Suite 250
Colorado Springs, CO 80918
Most major insurances

Vanessa Graf
Book new patient appointments online:
http://vanessagraf.com
6270 Lehman Drive, Suite 260,
Colorado Springs, Colorado, 80918
All insurers except Medicaid, Tricare out-of-network deductibles

Psychiatrists

Dr. George Athey and Dr. Robin Oden
The Colorado Center for Neuropsychiatry and Behavioral Care
719-268-6992
4760 Flintridge Dr Suite 250
Colorado Springs, CO 80918
Most major insurances

Dr. Deane Berson
719-475-9363
1424 N Hancock Ave
Colorado Springs, CO 80903
Beacon Health, United Health, Signa

Dr. Rachel Toplis and Dr. Briana Makofske
Summit Psychological Assessment and Consultation
719-235-7104
7710 N Union Blvd #100a
Colorado Springs, CO 80920
Assessment and Consultation only

Psychology Today
https://www.psychologytoday.com
Search by specialty, location, or insurance

Emergency Services

Colorado Crisis Services
1-844-255-0097
Text “TALK” to 38255
Emergency Hotline

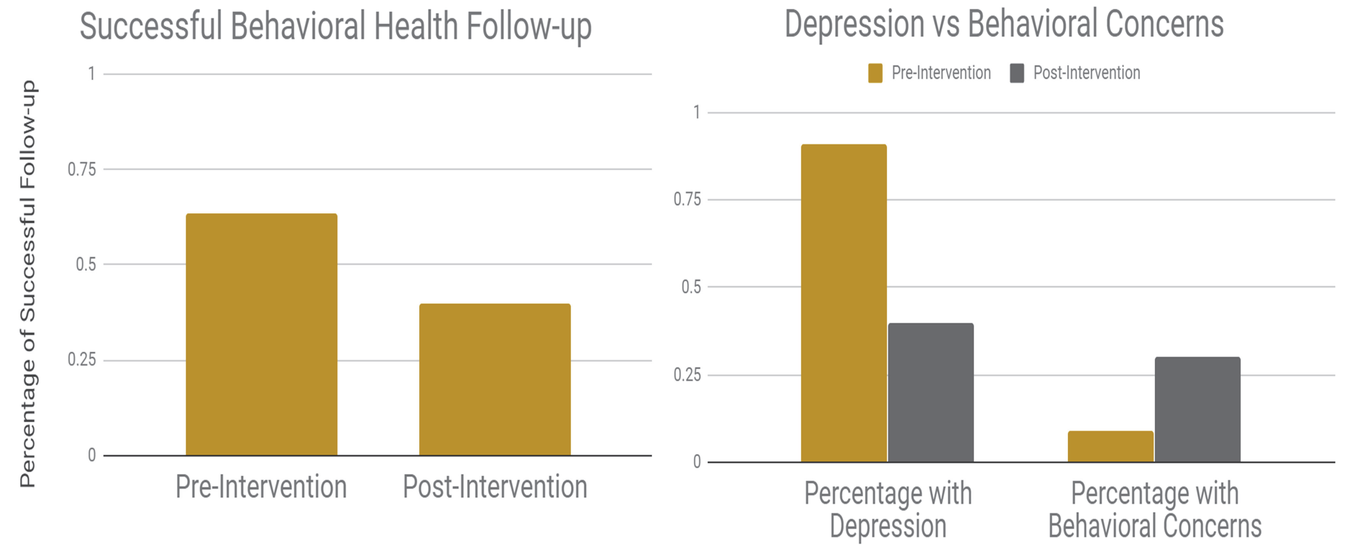
Colorado Crisis Walk-in Center
115 S Parkside Drive
Colorado Springs, CO 80910
Open 24/7

Aspen Pointe Walk-in Crisis Services
6071 E Woodmen Rd Ste 135
Colorado Springs, CO 80923
Open 7am-11pm, 7 days a week

Results

Table 1.	Pre-Intervention (n=11)	Post-Intervention (n=10)	Confidence Interval
Gender (female %)	100%	70%	
Mean Age	14.45	11.6	-0.22 to 5.93
Mean PHQ9 Score	9.8	12.5	-8.49 to 3.49

Table 1: The pre- and post-intervention groups were similar in sex, age, and PHQ9 severity.



Discussion

Conclusions:

- The primary outcome of seeking BH follow-up was not statistically different between the pre-intervention and post-intervention groups (p= 0.3949).
  - We think this may be due to a smaller follow-up timeframe in the post-intervention group, our limited n number, or greater handout distribution to patients with psychiatric concerns other than depression.

Limitations:

- Unable to reach some families via follow-up phone call.
- Only able to contact the families who were aware of their child’s psychiatric
  - Children who lack family support likely have more severe depression and are less likely to seek care
- Depression screening was not standardized
  - PHQ9 only given to children at well child checks; PHQ9 not performed at follow-up or with psychiatric concerns other than depression

Next Steps

- Intervention for adolescents who do not want their parental guardians involved in their mental healthcare
  - Partner with school counselors
- Standardize PHQ9 screening
  - Screen all patients who are given BH referral handout