Dr. Lisa Dixon (00:07):

Welcome to our podcast, Psychiatric Services, From Pages to Practice. In this podcast, we highlight new research or columns published this month in the Journal Psychiatric Services. I'm Lisa Dixon, Editor of Psychiatric Services, and I'm here with Podcast Editor and my co-host, Josh Berezin. Hi, Josh.

Dr. Josh Berezin (00:27):

Hi, Lisa.

Dr. Lisa Dixon (00:28):

Today we are going to talk about a really cool paper that focuses on the remodeling of the child and mental health service system.

Dr. Josh Berezin (00:37):

We're very happy to have Dr. Misty Richards and Dr. Nicole Kozloff here to talk to us about their recent open forum, Remodeling Broken Systems, Addressing The National Emergency in Child and Adolescent Mental Health. Dr. Richards is the Program Director of the Child Psychiatry Fellowship at UCLA. And Dr. Kozloff is a Child and Adolescent Psychiatrist at the Center for Addiction and Mental Health, and Associate Professor at the University of Toronto. So thank you so much for joining us here this morning.

Dr. Nicole Kozloff (01:06):

Thanks for having us.

Dr. Josh Berezin (01:08):

So what was the impetus for writing the open forum? And I'm also kind of curious what each of you were bringing to the table in terms of your perspectives and your subject matter expertise. So Misty, why don't we start with you?

Dr. Misty Richards (01:18):

Yeah, this was a deeply meaningful paper to write for so many reasons for me. As a Program Director of the Child Psychiatry Fellowship, I am training 15 fellows to go out into the workforce and do their good thing, to good work. And I'll tell you, it feels like systems are changing and they have to change to address this need. And as we were redesigning the curriculum, we do that every year, realized we didn't talk enough about these systems issues. Funding, where does it come from, where does it flow? What jobs are they going to be employed in when they graduate? And so in talking with Nicole about some of these issues and being part of the psychiatric services early career advisory board, it really made sense for us to join and comment on this.

(02:09):

I'll also say that I have little ones of my own that are in the LAUSD school system, it's the second largest school system in the United States. And just seeing firsthand what has happened during COVID and after COVID and really seeing just their peers and how this has affected their mental health. So it's deeply personal on that level for me as well.

Dr. Josh Berezin (02:32):

And Nicole, how about you, what were you coming to the table with?

Dr. Nicole Kozloff (02:35):

So this article, I think was born from one of the psychiatric services advisories. Misty and I are both members of the Child and Adolescent Psychiatry group, and so the group was getting together and talking about issues we were seeing. This was I think January 2022, when the idea first started or was first planted. And Misty really led the charge, I think for all of the reasons she's shared. And there was a group of us within this group who really felt strongly about the idea that something needed to be said. And particularly we'd seen some papers published in child and adolescent psychiatry journals and other journals, kind of more focused on professionals in that sector. But we hadn't seen anything in psychiatric services was something to bring the crisis that many people with young children or who were working in children's mental health or working in schools were seeing and translating it to that kind of more general audience, along with some solutions.

(03:49):

Because the other thing we had seen was papers that reflected increased prevalence of mental health symptoms, increased use of different types of mental health services, but less focused on solutions. The other thing I would say is that there's something kind of therapeutic about in the middle of a pandemic and in the middle of seeing challenges exposed in the systems for children's mental health coming together and thinking through solutions. I think this in part was a bit of therapy for us.

Dr. Lisa Dixon (04:29):

You referred to your two co-authors, but I wanted to just give you the chance to indicate who else was working on the paper.

Dr. Nicole Kozloff (04:36):

Yeah, so we had Michelle Franklin, who's a nurse PhD at Duke. And Nicole Benson who's a Child and Adolescent Psychiatrist and Expert in clinical informatics at McLean in Boston. So we had some geographical representation, I myself am from Canada so I'm from a different system and had a bit of an outsider's perspective, and in different expertise within child and adolescent psychiatry.

Dr. Josh Berezin (05:05):

So you mentioned in your answer the mental health crisis and in your title you talk about the national emergency. And whenever I see a headline or a title, I always am like, which one are we talking about here? Because I think that the public has one perception of what they think of when they see mental health crisis or mental health emergency. I'm not sure if it always corresponds with what providers or policymakers see. I think sometimes it does, but I always want to make sure that everyone's kind of talking about the same thing. So when you have mental health crisis or emergency, what do you have in mind? Misty, maybe we can kick it back to you again to start us off.

Dr. Misty Richards (05:45):

Yeah, really good question. Maybe I'll start with a story, I tend to be more of a storyteller. But I'll say this, is that the US surgeon General came over to UCLA, Vivek Murthy and he gave a talk about his initiatives and where he's going with his priority items. And obviously this is top of his list, the national crisis in children's mental health. And he gave many sobering statistics, I think he had all of us obviously in the audience being child psychiatrists, really listening closely. But what really captivated me and maybe many of the child psychiatry fellows around me was when he stopped and he told a story about his own children. And he talked about his own loneliness as a leader and feeling isolated during COVID, and feeling like he was never enough. And talking about what is happening to children these days in the

school setting, and his concerns about number one, loneliness negatively impacting mental health. And also what can we do about it on the front lines as child psychiatrists.

(06:50):

And really, I think threading through this paper is a common theme, is that the current system that we have established is not going to work, it's not going to get at it. And so that's our title, Remodeling Broken Systems is really a nod to that thinking, okay, we have to think in a very innovative different ways about how to leverage the expertise that we have and knowing it's never going to be enough the way that we have it set up now. So in terms of child psychiatrists, there's such a dearth of providers, really, AACAP, which is kind the American Academy of Child and Adolescent Psychiatry just issued a statistic that there are 14 child and adolescent psychiatrists per 100,000 children in the United States. And thinking really about that and thinking about, gosh, can we utilize this linear model of one child psychiatrist per one child, it's not going to work. So we have to completely remodel that idea in our minds and think outside of that.

(07:57):

And really that's what we're talking about in this paper, is how to collaborate, how to blend, how to fund. We're talking about this in the school system, we're talking about this in collaborative care settings. We're talking about hybrid models and providing care, whether it be tele or in person. And if you zoom out a little bit, and I think Vivek Murthy did a beautiful job of this. It just helped us sit with the sobering fact that if we keep going the way that we're going, it's not going to cut it and it hasn't been cutting it.

Dr. Josh Berezin (08:28):

Definitely. And Nicole, what's your view of things coming from Canada? I assume that there's some things that are similar about the systems and also the challenges and some things that might be a little bit different. So how do you see things looking across the border?

Dr. Nicole Kozloff (08:44):

So there are many things that are similar. One is that we don't really have a children's mental health system, we have systems that children find themselves in, whether it be the school system, the general healthcare system, the mental healthcare system. Even to call it a mental healthcare system I think is a misnomer because there are some really good examples of high quality effective care being provided, but they are often quite fragmented. They are difficult to access, whether you access them, depends on where you live, and often other social determinants of health. Having universal health coverage helps, but it is rather specific to general health, there is no universal system of mental healthcare in Canada. Physician and hospital provided services are covered under the universal healthcare system, but many of the roles who we actually rely on to deliver mental health services are not psychologists, occupational therapists, social workers, other people providing therapy are not necessarily covered.

(10:04):

And mental health services are delivered in different pockets within the general healthcare system, within schools, within private services. And so I think this is not dissimilar from the United States that again, there's no unified system. And what that means is there's no real accountability and it's very difficult for young people to slip through the cracks. To end up with no services, or if they are accessing services in one place, the services don't necessarily know about each other, can't communicate effectively and can't collaborate. So I would say that's unfortunately, I think similar across the two countries.

Dr. Josh Berezin (10:48):

I don't know why, but I really liked the idea of, you're talking about broken systems, the title is Remodeling. How did that word come up, how did you think about remodeling versus deconstructing, knocking down, rebuilding? I don't know, maybe it was just something that was like you had to pick a title and that's what came up or-

Dr. Lisa Dixon (11:14):

It's such a great word, it really is a great word.

Dr. Nicole Kozloff (11:17):

We did, there was quite a bit of debate over that word. We went back and forth, the reviewers didn't like what we had before, we had to really think it through. I guess the analogy is if you think about a house or a building, there are parts of the house that are good and that you want to keep or you want to emphasize. But the house as a whole is not working and it needs to be unified in its design, and it needs some attention and parts of it do need to be rebuilt.

Dr. Josh Berezin (11:58):

Well, I think it captures things well and sets a nice stage for your framework in the paper, which is these four domains that you're thinking through, and why don't we get into it a little bit. So you outline changes in each of these domains and I thought just to give people a flavor of the sorts of things you're talking about, maybe you could mention one sort of issue in each domain and one sort of idea that you all came up with, because the paper has ideas in each of the domains. But why don't we start with schools, what's going on in schools that's problematic and what's either the general idea or one of the specific ideas that you think would help rebuild and integrate that part of the house?

Dr. Misty Richards (12:34):

Great question, and who doesn't like a good remodel? Who doesn't like a good remodel? If you even think about homes and how many people have remodeled their homes, that rate has gone up since COVID, it's a thing. And so we love that title, it captures what we are trying to capture beautifully. So thinking about the school systems, it is such a major touch point for children. Everybody goes to school in some capacity, even homeschooling, it kind of connects people together. And to an earlier question and point COVID, so I just want to go back to that and say that there were problems before COVID. There were problems before COVID in terms of access to mental health services for children and families and really COVID exacerbated it and really just exposed the cracks in the system. So here we are, we have this opportunity and lots of funding that have been dedicated towards increasing touch points, mental health touchpoints in school settings.

(13:41):

So really hundreds of millions of dollars dedicated towards this cause of developing touchpoints, and what does that look like? It's really important to think about the different systems and the different locations in the United States and how schools run. So we're talking about public school systems here. I would say that it depends on the state and the state that they're in, the legislature, the policies, very different depending on where you're living in the United States. And while we didn't touch upon that explicitly in the paper, it's been touched upon in other psych services papers beautifully. So I guess to focus on one system, with so much funding towards the school system, what do you do with that funding in terms of increasing screening, and then access to mental health services for children and

families? And I think one really neat idea is instead of placing all of the pressure on teachers, realistically, they walk on water.

(14:46):

Teachers, yes, we need to pay them more, if there's any teachers out here listening to this, thank you, thank you, thank you for their service, for what they do, for their patients, for their innovation during COVID. But I really think tasking them with screening mental health services and then even treating any diagnosed like ADHD or depression, is a big ask. So in the paper we talk about equipping them with basic knowledge about some of this because it's really important for them to know. But then also outsourcing treatment, certainly treatment. And I think a lot of the funding has been used towards either funding social workers or nurses or contracting with child psychiatrists or nurse practitioners to provide some of that care that families so desperately need. And then also thinking about how to enhance social, emotional learning in these public school systems so that we can get ahead of some of these issues. Prevention is always the name of the game in child psychiatry, so many of us went into this field. So really embedding that from TK Forward.

Dr. Josh Berezin (15:56):

So you mentioned that things vary a lot by states. I would also imagine they vary within states, even within cities and localities, even within the public school system. So is it like there's a lot of good stuff out there that we know what we can do, it's just that it's very spotty and probably not in enough places? Or are there really new models that we need to develop?

Dr. Misty Richards (16:21):

Really good question. I think politics is a part of this, it's really hard to talk about some of this without talking about funding and politics and policies, and how different regions and even different counties roll policies out. I can speak about the Los Angeles Unified School District, it's just a mega, large school district and with lots of funding. And I think some of the funding is being used to hire social workers to come in and at least try to have one social worker per school district. Which, it's hard, it's hard to actually see as a parent some of this being rolled out. I worry about some of the states where it's slower to roll out or they don't have resources to roll them out.

(17:15):

Because if you really think about it from policy to implementation, there are so many different potential rate limiting steps. I love the idea, the investments from our politicians into children's mental health services, but really boots on the ground access and screening and intervention and access to care, we're still waiting to see some of those things. And I think certain folks in particular parts of the country are going to wait a little bit longer.

Dr. Josh Berezin (17:45):

So that's schools, and paper has a couple other areas within the schools that are some ideas here as well. And then your second domain is primary care, so Nicole, what are some of the ideas around improving services and-

Dr. Lisa Dixon (18:00):

We can call them remodeling ideas, don't you think?

Dr. Josh Berezin (18:03):

Remodeling ideas?

Dr. Lisa Dixon (18:04):

Yeah, remodeling.

Dr. Josh Berezin (18:06):

[inaudible 00:18:06] remodeling.

Dr. Lisa Dixon (18:08):

I like that word so let's keep using it.

Dr. Josh Berezin (18:10):

[inaudible 00:18:10] get it into people. You know what, it's going to be part of the zeitgeist. In two years, everyone's going to be like, "We're doing some remodeling of our clinic services." And it started here, I just want you all to know that it started here in Psychiatric Services, From Pages to Practice. So Nicole, how are we remodeling primary care?

Dr. Nicole Kozloff (18:28):

So Psychiatric Services has published extensively about collaborative care models and there's so much about collaborative care models that lend themselves to improving capacity to treat young people with mental health problems. Young people and their families trust their primary care clinicians and that's who they tend to go to when they're experiencing challenges. And so building capacity in primary care with specialist support, direct and indirect consultation, I think is really appealing. And also is a practical solution in terms of the workforce because we know how limited the availability of child and adolescent psychiatry is. And so again, supporting capacity of primary care practitioners to care at least for mild to moderate problems and even more severe problems with ongoing consultation, I think is really appealing. Misty, do you want to talk about specifics?

Dr. Misty Richards (19:32):

Yes, I agree with Nicole. Basically if you think about child and adolescent psychiatry access portals or access programs, it's getting back to the, we are just not going to have enough child and adolescent psychiatrists who are trained in the workforce to be on the front lines for the kind of one-on-one model. It's just not going to happen, eventually we may get there but that's going to take decades as we try to bulk up our workforce. So having said that, this is intended to bridge that gap. So not only providing, again, like Nicole said, direct and indirect services for families, but also helping to provide education to primary care providers, specifically talking about pediatricians. So having in those quick consult questions like, "Hey, we're available from an afternoon on a Wednesday, we're open. Call us or send in a consult request and we'll be able to answer that as child psychiatrist and then also provide you with nuggets so that you can apply in real time in your own practice."

(20:37):

And so then you'll notice the complexity of the questions growing over time, which is a beautiful thing for trainees who are in those clinics and learning. Also for those who are staffing, child psychiatrists who are staffing because it gets more and more interesting. So I view it as such a win-win for remodeling systems and I think some states do it very well. Massachusetts does it beautifully, I think Washington State, UCSF has a great model for this and I think it's just going to continue growing.

Dr. Josh Berezin (21:10):

So we've remodeled schools and primary care, now we're into virtual care, which obviously has been a huge change since the COVID pandemic. So where are some of the opportunities in virtual care?

Dr. Nicole Kozloff (21:25):

You're right that, of all the impacts of the COVID-19 pandemic, this is one of the opportunities that was created, which is delivering care virtually. In Ontario at least, the prior system for virtual care was not particularly user-friendly and really only a minority of psychiatrists practiced virtually. And as a response to the pandemic, virtual care has really exploded and the funding has matched that. So there were initially some temporary funding codes and now it's actually been created as a permanent way of delivering care. That is particularly appealing for under serviced areas where people may not be able to travel to see a practitioner in person. There are also opportunities in terms of convenience, so when my patients come to see me at my office, their parents take off work, they come out of school or work. Takes about a half a day, by the time they're factoring in transportation, they're paying for parking, et cetera.

(22:36):

And so to be able to see people where they're at through virtual care, I think is really a game changer. One thing we need to pay attention to is the concept of digital health equity though in terms of access to technology, access to broadband internet, and training and capacity to actually use the technology. So there are some ways of addressing that, there are ways of training or teaching people to use technology. And of course that can have benefits even outside of their use of virtual services. There are hubs that are being set up in areas that can facilitate access to the technology and to strong internet connections where otherwise people might not be able to access them. But certainly this idea of equity has to follow the growth of this medium.

Dr. Misty Richards (23:33):

Getting back to that, Nicole, I completely agree. Talking about community hubs and talking about school settings, I recently had a consult of a 14-year-old who ninth grade high school. And her mother, single mother, very hard for her to take off time to drive her daughter here to UCLA for a consult. Pay $16 to park, get here, sit down, do an hour and a half of an intake, and then essentially drive back to work dropping off her daughter. So if you really think about that and putting that all together, how much time does that take in a day? We're talking three plus hours, and she could not afford to do that. So what we are able to arrange and which I love about this, just thinking outside the box, is at her high school, with the school nurse, having her do an intake in her office, coordinated, set up by the nurse because technology, it's a thing, it's hard even though I feel like kids know it better than we do.

(24:38):

And then having the mom also kind Zoom in, everything's HIPAA compliant. And being able to do this consult with all of us in one Zoom room so that mom didn't have to take off of work thinking, I'm going back to those structural inequities, thinking about access to care. And then also thinking about technology and how to set up this 14-year-old so that they know what they're doing with technology, they know how to unmute, they know what they need to do. And we were able to do that and save some time for this family so that they could do that. I felt very good about that, and thinking about the school who's proactive and reaching out to me to help coordinate. And this is a product of what we're investing in our schools, was there a school nurse even at this public school prior to a year and a half ago? No. So what are we investing in this? And to be able to see that be rolled out in real time, it was really cool in my perspective.

Dr. Lisa Dixon (25:38):

What's nice about that is the child being seen is with someone in a safe place presumably. So if things go south, you have a way to address it.

Dr. Nicole Kozloff (25:49):

Reminds me also of as we were thinking through school mental health care. One of the criticisms comes from parents or families, or at least from politicians who think that parents or families should be more central in the provision or delivery of mental health care. That it shouldn't happen in schools because the parents should be at the center of it with the child. And I think that assumes a lot of things about parents' availability and capacity to support their young people in accessing services, both in terms of their attitude. But also just in terms of the practical realities of being working parents. And it assumes a system where there's a stay at home parent to ferry their child to all kinds of appointments. And so having those services based in the schools I think is also really critical in terms of health equity.

Dr. Josh Berezin (26:53):

So just to round things out, you also talk about new service models, so where are we? It's interesting because I feel like you have a better sense of this than I do, but maybe if we were talking in 2018, we'd be talking about tele and virtual, that's what we got to push for. And now that's here, right? There's implementation challenges and everything, what's next for remodeling our system?

Dr. Misty Richards (27:19):

Maybe where we'll start with this is, if you think about again, COVID and how that just further exposed cracks in the system. What happened as a result of COVID? Well, we realized that many children don't have access to child and adolescent psychiatrists. And so what happened is they utilized emergency departments more readily for first touchpoints for psychiatric care. So what happened across the nation with our emergency departments is we had more children boarding overnight and sometimes for days, and in some places going on weeks. Which again, thinking about a child boarding in an emergency department who is potentially suicidal or engaging in self-injurious behavior or having an acute crisis, that is just anything but safe and anything but helpful. So moving forward, and I think the East coast does a really good job of this. There are crisis stabilization units for children and families and we're seeing an expansion or at least a curiosity for potential for expansion in some of our programs on the west-coast.

(28:32):

I think also throughout the country, what is a pediatric crisis stabilization unit do? Essentially it is almost like a robust psychiatric urgent care in the sense that yes, a child can stay up to 72 hours obviously with their family. But the goal is to help them establish care with a provider in the community and really help them not board for weeks in an unsafe environment, have it be protected, secure, and really trying to provide this holistic wraparound care. We are certainly moving that direction here at UCLA, and we are creating a pediatric crisis stabilization unit, probably in 2026 it'll be around. Because we realized our capacity to hold orders was unsafe, and I think that's a national trend.

Dr. Nicole Kozloff (29:23):

One model I want to highlight is integrated youth services, which is a model of care that's been used in a number of countries around the world and has really grown in Canada over the last several years. And the idea of integrated youth services is it's kind of a one-stop shop for accessing mental healthcare in addition to primary care services. Substance use supports, educational and employment supports, peer

support, and it tends to be delivered in hubs that are in areas that young people can access. Often a lot of the services are walk-in based, at least as the initial point of entry. And there are other characteristics about these programs so for example, they bridge the child and adolescent and kind of young adult age systems so they don't cut off at 18, which I think is really important.

(30:19):

They tend to really engage young people and their families in service design and evaluation. They are often stepped in their nature, so there are some general services for people with kind of more mild symptoms and they increase in intensity according to the symptoms and functional impairment young people are experiencing. So that model has expanded across a number of provinces in Canada. There is a program at Stanford in California and I believe it's being evaluated there, and so I'm hopeful that with some evidence in different settings that that's a type of model that might grow.

Dr. Lisa Dixon (31:07):

Yeah, it sounds like Headspace and sort of Australian. We're really early intervention for psychosis was part of the genesis of this, but it's obviously now really expanded in a way that really addresses the needs of youth.

Dr. Nicole Kozloff (31:25):

Exactly.

Dr. Josh Berezin (31:26):

To wrap up, one thing that I really like about the paper is that it's full of concrete things that we can do to address all of the gaps in the system. But I'm wondering as a closing question, how are you feeling about all this?,Are you optimistic that we're moving in the right direction? Just from a bit of the outside of the child and adolescent world, it seems like there really is a lot of attention with the Surgeon General's report in the popular press in a way that probably wasn't as acute, I think before COVID. These aren't new issues, so it seems like there's a lot of momentum from the outside, but I'm wondering what your view is and where you think we'll be in five years moving forward or in the same spot. Misty, why don't we start with you and then Nicole, you can wrap us off.

Dr. Misty Richards (32:19):

I like that word, momentum, I really like that word, and I think we have some great momentum. I think we can thank many different people for that, from policymakers all the way down to educators. When I say educators, I mean people who... I'm biased, but training directors changing kind of the way that we teach our child psychiatry fellows. As well as teachers who are on the front lines, who are receptive to some of these suggestions. And not only receptive but rolling them out, very cool to see. So am I optimistic? 100%, would not be here if I wasn't optimistic.

(32:59):

I think we have to roll up our sleeves, we have some hard work that probably, and we all knew was there, but truly enhanced by COVID. And I'll thank COVID for that one thing, is that it really helped us realize we can't wait, we can't wait anymore, and we really need to think about new ways of addressing old problems because the acuity even of the presenting issues from our children and families is worsening. And that's from a CDC report that was issued recently, showing that incidences of self-injurious behavior and suicidal ideation.

Dr. Josh Berezin (33:37):

Nicole, how are you? What's the temperature up there in Canada, how are you feeling?

Dr. Nicole Kozloff (33:44):

It's always cold here, no [inaudible 00:33:46]. Yeah, so I'd say the focus on children's mental health does have me hopeful, and we're seeing that on this side of the border too, that there's this increased attention not only among people who have been sounding the alarm for years, but policymakers more broadly, other mental health practitioners more broadly, and the general public. I guess one thing that I'm also hopeful about is seeing more and more attention to evaluation, both in kind of specific frameworks like learning health systems, but also more generally.

(34:35):

There have been a couple studies recently published with negative findings about prevention and secondary intervention programs targeted towards young people, and I think that's really important. I think we have to keep ourselves honest and make sure that we're delivering services that work and that have evidence and that don't cause harm. And so I think it's important to make sure that that doesn't undermine all of the other good work we do, and ensure that it helps keep us on top of making sure what we're doing is actually effective and that our money's being well spent. I don't know if that was too off-topic.

Dr. Lisa Dixon (35:21):

No inspirational.

Dr. Nicole Kozloff (35:24):

Okay.

Dr. Lisa Dixon (35:25):

I think that the cautionary tale is very important. And without really paying attention to evidence and effectiveness, we have a track record of going down the wrong roads.

Dr. Josh Berezin (35:39):

So I think we'll end on that cautiously optimistic note and we'll be looking forward to seeing how this plays out, and hope to have you back on sometime to give us an update and some continued ideas. So thank you so much, really appreciate you.

Dr. Lisa Dixon (35:56):

Thank you.

Dr. Nicole Kozloff (35:57):

This was fun, thanks for having us.

Dr. Misty Richards (36:00):

Thank you. Thanks for the opportunity. Bye.

Dr. Lisa Dixon (36:04):

That's it for today. Thanks to Aaron Van Dorn for mixing and editing, and Demry Jackson for additional production support. We invite you to visit our website, ps.psychiatryonline.org to read the article we discussed in this episode as well as other great research. We also welcome your feedback, please email us at psjournal@site.org. I'm Lisa Dixon.

Dr. Josh Berezin (36:26):

I'm Josh Berezin.

Dr. Lisa Dixon (36:27):

Thank you for listening, we'll talk to you next time.

Speaker 5 (36:30):

The views and opinions expressed in this podcast are those of the individual speakers only and do not necessarily represent those of the American Psychiatric Association. The content of this podcast is provided for general information purposes only and does not offer medical or any other type of professional advice. If you're having a medical emergency, please contact your local emergency response number.