Practice Support Program
Child and Youth Mental Health Module

Accelerating Primary Care
Edmonton, November 2014
Dr. Matt Blackwood & Liza Kallstrom
Faculty/Presenter Disclosure

Faculty’s Name: Liza Kallstrom

Relationship with commercial interest:
- None
Disclosure of Commercial Support

None

Potential for conflicts(s) of interest:

- Liza Kallstrom is an employee of the Practice Support Program that is jointly funded by the Ministry of Health and Doctors of BC through the Physician Master Agreement
Mitigating Potential Bias

All results shown are from the independent evaluator Hollander Analytical
The Practice Support Program (PSP)

- Is designed to improve clinical and practice management by changing behaviours and office workflow
- Provides CME-accredited training and support for physicians
- Helps physicians to implement tools and resources in their daily practice that can address the Triple Aim
- [www.pspbc.ca](http://www.pspbc.ca)
Module learning structure

LEARNING SESSION 1

LEARNING SESSION 2

LEARNING SESSION 3

ACTION PERIOD 1

ACTION PERIOD 2
Large Scale Participation in PSP

- Overall participation in all topic modules: 6841 FPs
- Representing number of discrete physicians: 2800 FPs
- Taking on average 2.5 topic modules each
- Proportion of all active family physicians: 79%
- CYMH: 700 FPs
Program structure

Content developed centrally

- Program content is approved by the Joint Clinical Committees
- Content is developed by Clinical Subject Matter Experts
- Training sessions and materials focus on specific gaps in care identified by evidence-informed research and physician input.

Training delivered regionally

- Organized in communities throughout BC by health authority PSP Practice Coaches
- Delivered by local Physician Peer Colleagues
- Adapted to suit regional needs.
Ongoing support

- **In-practice support** – Guidance provided during action periods by PSP regional coordinators that helps participants to incorporate newly acquired tools and processes into their practices.

- **Practice coaching** – Ongoing support provided by PSP regional coordinators to help physicians (including those who have not participated in a PSP learning module) implement practice changes and sustain improvements.
Train-the-Trainer Phase

**TTT 1 Session**
- Framework and clinical tools (algorithm)
- Patient Experience
- Action Period Planning

**Action Period**
- PDSA trials in practice
- Provincial support calls to share experience of successes and challenges

**TTT 2 Session**
- Patient Experience
- Tool Review
- Faculty Development
- Plan for provincial delivery
Evaluation

GP self-rated increased confidence:

- Screening for mental health conditions in young patients - 94%
- Diagnosing mental health conditions in young patients – 92%
- Treating mental health conditions in young patients – 83%
Evaluation

Impact on young patients:
- More likely to be identified and not fall through the cracks – 79%
- More likely to have a care plan to help with mental health concerns – 90%
- More likely to adhere to their care plan – 60%

Patient screening rose significantly:
- Depression: from 25% to 84%
- Anxiety: from 20% to 84%
- ADHD: from 20% to 71%
Evaluation

Improved Collaboration:

- 94% increase awareness of local community mental health resources
- 73% improved collaboration with school counselors
- 75% felt more connected to school counselors in helping young patients
The local teams

- PSP Regional Support Team
- School counselors
- Ministry of Children and Family Development (CYMH)
- Family physicians and MOAs
- Specialist physicians
- Patients’ families
CYMHSU Collaborative

- Local Action Teams
  - Patient Journey Mapping
  - Coordination of all services
  - Participation of youth and families

- Provincial Working Groups
  - Systemic issues
    - Information sharing
    - ER Protocols
    - Youth transition to adult services
    - Physician remuneration
Faculty/Presenter Disclosure

- **Faculty:** Dr. Matt Blackwood

- **Relationships with commercial interests:**
  - Grants/Research Support: None
  - Speakers Bureau/Honoraria: Shire, Purdue, Janssen Pharma
  - Consulting Fees: Shire, Purdue, Janssen Pharma
  - Other: St. Paul’s Hospital Family Practice Symposium
Mitigating Potential Bias

• Presentation is evidenced based and slides have been compiled by expert opinion and a family physician focussed planning committee.

• Medication recommendations are based on best practice guidelines from Child Psychiatry and CADDRA.
Epidemiology: Child and Youth Mental Disorders

- Pattern of illness
  - Found globally
  - Consistent across Canada

- 15 – 20% ages 1 – 25
  - Require professional intervention

- 60 – 70% can be properly diagnosed and treated in primary care
### Prevalence Rates in Children and Youth in BC

<table>
<thead>
<tr>
<th>Disorder</th>
<th>Estimated prevalence</th>
<th>Estimated number*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any anxiety disorder</td>
<td>6 - 8%</td>
<td>70,000</td>
</tr>
<tr>
<td>ADHD</td>
<td>2 - 10%</td>
<td>60,000</td>
</tr>
<tr>
<td>Any depressive disorder</td>
<td>1 - 4%</td>
<td>25,000</td>
</tr>
</tbody>
</table>

*Based on 2002 BC population estimates of 1 million children and youth aged 0 - 19 years (BC Stats, 2001).
Typical age of onset of major mental disorders

- PDD/Autism
- ADHD
- Anxiety disorder
- Obsessive compulsive disorder
- Substance abuse
- Anorexia nervosa
- Major depressive disorder
- Bipolar disorder
- Schizophrenia
- Bulimia nervosa

Life Span and Mental Disorders

- Epidemiology of child and youth mental disorders
- Children and Youth in Context
- Legal Issues
- Parent-Child Relationships
  - Conflict in Custodial Situations; Confidentiality
- Engaging the Family
- Education
- Myths about the treatment of mental disorders
- Useful tips for primary care practice
  - Parenting Overview; Developmental Transitions; Engaging the Adolescent; Engaging the School
Module Aim

Within 6 - 8 months, we aim to:

- Improve child and youth mental health in participating practices as evidenced by improved scores on clinical scales

- Help create an interdisciplinary community of practice for child and youth mental health in local communities
By focusing on…

- Early identification, diagnosis and management
- Appropriate use of evidence-based treatments
- Appropriate application of standardized methods of measurement
- Awareness of community mental health resources available
- Family physician collaboration with community partners
Clinical Tools

Anxiety Disorders
- Children
- Adolescents

Major Depression
- Adolescents

ADHD
- Children
- Adolescents

- Risk Factors table
- CRAFFT - Adolescent alcohol and substance use screen
- Child / Teen Functional Assessment (CFA / TeFA)
- Mood Enhancing Prescription / Worry Reducing Prescription
- Clinical Global Improvement (CGI) Severity and Improvement+

SCARED+
Kutcher Generalized Social Anxiety
Panic Attack Diary
Difficult Places to Go & Things to Do

Kutcher Adolescent Depression Scale (KADS-6)+
Tool to Assess Suicidal Risk in Adolescents (TASR-A)

SNAP – IV 18 item+
Kutcher Side Effects for ADHD Medications
Child & Youth Mental Health

Visit 1
Monitor for Risk

Stop Assessment but f/u every 3-6 months

Elevated Risk?

YES

NO

Screen
Support

Only some symptoms and/or No Decrease in Function

Consider other explanations, provide non-specific supports and proceed to next visit in one month

Significant Elevation in Symptoms And / Or Decrease in Function

Contact in 3 days by phone, text or email

Possible Teen Depression

Contact in 3 days by phone, text or email

Possible Teen Depression

Contact in 3 days by phone, text or email

Visit 2
Continue assessment and support

Visit 3
Complete Assessment

No continuing dysfunction or distress

ADHD
Depression
Anxiety

Unclear, severe, complex and requiring support

Tools/Resources

MOA Tasks

MH Screening Questions
Risk Identification Tables

Functional
• TeFA
• CFA

Evaluation Tools:
• ADHD
• Anxiety
• Depression
• Suicide Risk
• Substance Abuse Screen

Non-Specific Supports
Safety Plan

General Resources
Strongest Families Referral

Referral Flags
Evaluate need throughout involvement

Emergency: Suicidal intent or plan, acute psychosis

Urgent: Severe symptoms & deterioration in function, suicidal ideation, other major psychiatric conditions

Usual: additional therapy, evaluation, treatment non-responders, other medical concerns, med side effects, 2nd or further episode
Tools – Paper or Electronic?
Effective Tools
Putting it all together
Child and Youth Health Screening Questions

☐ "Over the past few weeks have you been having difficulties with your feelings, such as feeling sad, blah or down most of the time?"

☐ "Over the past few weeks have you been feeling anxious, worried, very upset or are you having panic attacks?"

☐ Overall, do you have problems concentrating, keeping your mind on things or do you forget things easily (to the point of others noticing and commenting)?

☐ Do you or others have significant difficulty managing your child's behaviour (e.g., temper tantrums, acting out, disobedience, unprovoked outbursts, physical or verbal aggression, being destructive, impulsivity, inability to sit still or focus)?

If the answer to question 2 is YES – consider an anxiety disorder, apply the SCARED evaluation and proceed to the Identification, Diagnosis and Treatment of Child or Youth Anxiety Disorders

If the answer to question 3 is YES – consider ADHD, apply the SNAP evaluation and proceed to the Identification, Diagnosis and Treatment of Child or Youth ADHD.
Diagnosis

- Depression: KADS-6 and TASR-A
- Anxiety: SCARED – parent and child
- ADHD: SNAP IV 18 or 26
- CRAFFT
- TeFA
- CFA
6-ITEM Kutcher Adolescent Depression Scale: KADS

NAME: __________________________  DATE: ____________

OVER THE LAST WEEK, HOW HAVE YOU BEEN "ON AVERAGE" OR "USUALLY" REGARDING THE FOLLOWING:

1. Low mood, sadness, feeling blah or down, depressed, just can’t be bothered.
   a) Hardly Ever  b) Much of the time  c) Most of the time  d) All of the time

2. Feelings of worthlessness, hopelessness, letting people down, not being a good person.
   a) Hardly Ever  b) Much of the time  c) Most of the time  d) All of the time

3. Feeling tired, feeling fatigued, low in energy, hard to get motivated, have to push to get things done, want to rest or lie down a lot
   a) Hardly Ever  b) Much of the time  c) Most of the time  d) All of the time

4. Feeling that life is not very much fun, not feeling good when usually would feel good, not getting as much pleasure from fun things as usual.
   a) Hardly Ever  b) Much of the time  c) Most of the time  d) All of the time

5. Feeling worried, nervous, panicky, tense, keyed up, anxious.
   a) Hardly Ever  b) Much of the time  c) Most of the time  d) All of the time

6. Thoughts, plans or actions about suicide or self-harm.
   a) Hardly Ever  b) Much of the time  c) Most of the time  d) All of the time

TOTAL SCORE: __________________________

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Step 4. Suicide Assessment
Tool for Assessment of Suicide Risk in Adolescents (TASR-A)

<table>
<thead>
<tr>
<th>Name: ___________________________</th>
<th>Chart #: ____________________</th>
</tr>
</thead>
</table>

**Individual Risk Profile**
- Male
- Family History of Suicide
- Psychiatric Illness
- Substance Abuse
- Poor Social Supports/Problematic Environment

**Symptom Risk Profile**
- Depressive Symptoms
- Psychotic Symptoms
- Hopelessness/Worthlessness
- Anhedonia
- Anger/Impulsivity

**Interview Risk Profile**
- Suicidal Ideation
- Suicidal Intent
- Suicide Plan
- Access to Lethal Means
- Past Suicidal Behavior
- Current Problems Seem Unsolvable
- Command Hallucinations (Suicidal/Homicidal)
- Recent Substance Use

6 item KADS Score: _______

Level of Immediate Suicide Risk
- High
- Moderate
- Low
- Disposition: ___________________________

High risk for suicide is a MEDICAL EMERGENCY!
SNAP IV-18

SNAP – IV Teacher and Parent 18 - Item Rating Scale

Name: ___________________________ Sex: M □ F □ Age: ______
Date: ________________
Completed by: ________________ Teacher □ Parent □

For each item, select the box that best describes this child. Put only one check per item.

**Inattention**

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>Not at all 0</th>
<th>Just a Little 1</th>
<th>Quite a Bit 2</th>
<th>Very much 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Often fails to give close attention to details or makes careless mistakes in schoolwork, work, or other activities</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Often has difficulty sustaining attention in tasks or play activities</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Often does not seem to listen when spoken to directly</td>
<td></td>
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</tr>
<tr>
<td>4</td>
<td>Often does not follow through on instructions and fails to finish schoolwork, chores, or duties</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>5</td>
<td>Often has difficulty organizing tasks and activities</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>6</td>
<td>Often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (e.g., schoolwork or homework)</td>
<td></td>
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<tr>
<td>7</td>
<td>Often loses things necessary for tasks or activities (e.g., toys, school assignments, pencils, books, or tools)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Often is distracted by extraneous stimuli</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Often is forgetful in daily activities</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

**Hyperactivity**

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>Not at all 0</th>
<th>Just a Little 1</th>
<th>Quite a Bit 2</th>
<th>Very much 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>Often fidgets with hands or feet or squirms in seat</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Often leaves seat in classroom or in other situations in which remaining seated is expected</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Not at all 0</td>
<td>Just a Little 1</td>
<td>Quite a Bit 2</td>
<td>Very much 3</td>
<td></td>
</tr>
<tr>
<td>-----------------------</td>
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<td>-----------------</td>
<td>---------------</td>
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<td></td>
</tr>
<tr>
<td>12 Often runs about or climbs excessively in situations in which it is inappropriate</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 Often has difficulty playing or engaging in leisure activities quietly</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14 Often is &quot;on the go&quot; or often acts as if &quot;driven by a motor&quot;</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15 Often talks excessively</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Impulsivity**

16 Often blurts out answers before questions have been completed |              |                 |              |             |
17 Often has difficulty awaiting turn |              |                 |              |             |
18 Often interrupts or intrudes on others (e.g., butts into conversations/games) |              |                 |              |             |

<table>
<thead>
<tr>
<th>Sum of Items for Each Scale</th>
<th>Average Rating Per Item for Each Scale</th>
<th>Teacher 5% Cut-off</th>
<th>Parent 5% Cut-off</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average score for ADHD-Inattention (sum of items 1-9/ # of items)</td>
<td>0.00</td>
<td>2.56</td>
<td>1.78</td>
</tr>
<tr>
<td>Average score for ADHD-Hyperactivity: Impulsivity (sum of items 10-18/ # of items)</td>
<td>0.00</td>
<td>1.78</td>
<td>1.44</td>
</tr>
<tr>
<td>Average score for ADHD-Combined (sum of items 1-18/ # of items)</td>
<td>0.00</td>
<td>2.00</td>
<td>1.67</td>
</tr>
</tbody>
</table>

The 4-point response is scored 0-3 (Not at All=0, Just A Little=1, Quite a Bit=2, and Very Much=3). Subscale scores on the SNAP-IV are calculated by summing the scores on the items in the specific subset (e.g., Inattention) and dividing by the number of items in the subset (e.g., 9). The score for any subset is expressed as the Average Rating Per Item. The 5% cutoff scores for teachers and parents are provided. Compare the Average Rating Per Item score to the cut-off score to determine if the score falls within the top 5%. Scores in the top 5% are considered significant.
SCARED – Child Version

Pg. 1 of 9 (To be filled out by the CHILD/TEEN) (Birmaher, Kheterpal, Cully, Brent and McKenzie, 1995)

Name:

Date:

Directions:
Below is a list of sentences that describe how people feel. Read each phrase and decide if it is “Not True or Hardly Ever True” or “Somewhat True or Sometimes True” or “Very True or Often True” for you. Then for each sentence, fill in one circle that corresponds to the response that seems to describe you for the last 3 months.

<table>
<thead>
<tr>
<th></th>
<th>Not True or Hardly Ever True</th>
<th>Somewhat True or Sometimes True</th>
<th>Very True or Often True</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>When I feel frightened, it is hard to breathe.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>I get headaches when I am at school.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>I don’t like to be with people I don’t know well.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>I get scared if I sleep away from home.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>I worry about other people liking me.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>When I get frightened, I feel like passing out.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>I am nervous.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>I follow my mother or father wherever they go.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td>People tell me that I look nervous.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td>I feel nervous with people I don’t know well.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td>I get stomachaches at school.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td>When I get frightened, I feel like I am going crazy.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13.</td>
<td>I worry about sleeping alone.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14.</td>
<td>I worry about being as good as other kids.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15.</td>
<td>When I get frightened, I feel like things are not real.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16.</td>
<td>I have nightmares about something bad happening to my parents.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17.</td>
<td>I worry about going to school.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18.</td>
<td>When I get frightened, my heart beats fast.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19.</td>
<td>I get shaky.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20.</td>
<td>I have nightmares about something bad happening to me.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### SCARED — Child Version

Pag 2 of 3 (To be filled out by the CHILD/TEEN)

<table>
<thead>
<tr>
<th></th>
<th>0 Not True Or Hardly Ever True</th>
<th>1 Somewhat True or Sometimes True</th>
<th>2 Very True or Often True</th>
</tr>
</thead>
<tbody>
<tr>
<td>21</td>
<td>I worry about things working out for me.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>When I get frightened, I sweat a lot.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>I am a worrier.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>I get really frightened for no reason at all.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>I am afraid to be alone in the house.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>26</td>
<td>It is hard for me to talk with people I don’t know well.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>27</td>
<td>When I get frightened, I feel like I am choking.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>28</td>
<td>People tell me that I worry too much.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>29</td>
<td>I don’t like to be away from my family.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>30</td>
<td>I am afraid of having anxiety (or panic) attacks.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>31</td>
<td>I worry that something bad might happen to my parents.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>32</td>
<td>I feel shy with people I don’t know well.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>33</td>
<td>I worry about what is going to happen in the future.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>34</td>
<td>When I get frightened, I feel like throwing up.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>35</td>
<td>I worry about how well I do things.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>36</td>
<td>I am scared to go to school.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>37</td>
<td>I worry about things that have already happened.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>38</td>
<td>When I get frightened, I feel dizzy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>39</td>
<td>I feel nervous when I am with other children or adults and I have to do something while they watch me (for example: read aloud, speak, play a game, play a sport.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>40</td>
<td>I feel nervous when I am going to parties, dances, or any place where there will be people that I don’t know well.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>41</td>
<td>I am shy.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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**PSPP**

Practice Support Program

39
SCARED Scoring – This page is for office use only – do not distribute to parent/caregiver

SCORING:
A total score of 25 may indicate the presence of an Anxiety Disorder. Scores higher than 30 are more specific. 0
A score of 7 for items 1, 6, 9, 12, 15, 18, 19, 24, 27, 30, 34, 38 may indicate Panic Disorder or Significant Somatic Symptoms. 0
A score of 9 for items 5, 7, 14, 21, 23, 28, 33, 35, 37 may indicate Generalized Anxiety Disorder. 0
A score of 5 for items 4, 8, 13, 16, 20, 25, 29, 31 may indicate Separation Anxiety Disorder. 0
A score of 8 for items 3, 10, 26, 32, 39, 40, 41 may indicate Social Anxiety Disorder. 0
A score of 3 for items 2, 11, 17, 36 may indicate Significant School Avoidance. 0

*For children ages 8 to 11, it is recommended that the clinician explain all questions, or have the child answer the questionnaire sitting with an adult in case they have any questions.

Developed by Dolly Birmaher, M.D., Sumanta Khetarpal, M.D., Marianne Gully, M.Ed., David Brent, M.D., and Sandra McKensie, Ph.D., Western Psychiatric Institute and Clinic, University of Pittsburgh. Email: birmaher@wumc.edu
Child Functional Assessment (CFA)

The CFA is a self-report tool, but in some cases it may require the caregiver to help. It is meant to be completed by the patient/caregiver and should take no more than three minutes to complete for most children. The health care provider can use the information obtained on the CFA to probe for further information—especially in those areas where the young person noted that things are worse than usual and in those domains that the child/caregiver identifies as either self or parental worry.

This form is meant to let your health provider know about how you are doing. All information you give is confidential. Please write your answers to the items on the form.

Over the last week, use the following lines to mark a spot to show how things were in each of these 3 areas. You can also write an example below each if you wish:

School

Place a mark on the line closer to this end if things are much worse than usual.

Example:

Place a mark on the line closer to this end if things are much better than usual.

Example:

Home

Example:

Friends

Example:

Write down the two things in your life that either worry you the most or are causing you the most problems.

1. 

2. 

Write down the two things about you that cause your parents or other adults to be concerned about or that you think might concern them if they knew about these things.

1. 

2. 

Teen Functional Assessment (TeFA)

The TeFA is a self-report tool. It is meant to be completed by the patient and should take no more than three minutes to complete for most adolescents. The health care provider can use the information obtained on the TeFA to probe for further information—especially in those areas where the young person noted worse or much worse than usual and in those domains that the child identifies as either self or parental worry.

This form is meant to let your health provider know about how you are doing. All information you give is confidential. Please write your answers to the items on the form.

Over the last week how have things been at:

School

Example:

Example:

Home

Example:

Example:

Friends

Example:

Example:

Write down the two things in your life that either worry you the most or are causing you the most problems.

1. 

2. 

Write down the two things about you that cause your parents or other adults to be concerned about or that you think might concern them if they knew about these things.

1. 

2. 

© Stan Kutcher 2008
C - Have you ever ridden in a CAR driven by someone (including yourself) who was "high" or had been using alcohol or drugs?

R - Do you ever use alcohol or drugs to RELAX, feel better about yourself, or fit in?

A - Do you ever use alcohol/drugs while you are by yourself, ALONE?

F - Do you ever FORGET things you did while using alcohol or drugs?

F - Do your family or FRIENDS ever tell you that you should cut down on your drinking or drug use

T - Have you gotten into TROUBLE while you were using alcohol or drugs?
Treatments

- Non-pharmacological
- Pharmacological
Psychotherapeutic Support
Non-Specific Interventions

- Exercise
- Sleep
- Consistent Daily Routine
- Positive Social Contact
- Healthy Nutrition
- Music & Movement
- Bright Light
- Avoid Drugs (including recreational drugs)
Step 3. Treatment Template
Non-specific Interventions

- Mood enhancing / worry reducing prescription

- Assessment and monitoring of functioning
### Worry Reducing Prescription

There are many things that you can do to help decrease stress and improve your mood. Sometimes these activities by themselves will help you feel better. Sometimes additional help (such as psychotherapy or medications) may be needed. This is your prescription for what you can do to help decrease stress and feel better. For each activity “write in” your plan (include what you will do, how often and with whom). This can be done by a health team member or the parent together with the child.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Plan (what, how often, other supports)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exercise</td>
<td></td>
</tr>
<tr>
<td>Eating Well</td>
<td></td>
</tr>
<tr>
<td>Sleep</td>
<td></td>
</tr>
<tr>
<td>Problem Solving</td>
<td></td>
</tr>
<tr>
<td>Planning / Organizing</td>
<td></td>
</tr>
<tr>
<td>Social Activity</td>
<td></td>
</tr>
</tbody>
</table>
Dealing With Depression
Antidepressant Skills for Teens

Click anywhere to go to downloadable manual
Depression

Support Needed

YES

Refer for Psycho or Behavioural Therapy

NO

Psychotherapy

- Psychoeducation Tools
- Non Specific Supports
- CBIS Tools

Consider Medication

YES

Meds as per protocol

Follow-up & Monitoring

Improvement?

Substantial

Moderate

Minimal or None

Resources

2nd or further episode

YES

- Continue treatment
- Educate re maintenance & relapse
- Set “well checks” every 3-6 mos

Evaluation Tools:

- ADHD
- Anxiety
- Depression
- Suicide Risk
- Substance Abuse Screen

Referral Flags

Evaluate need throughout involvement
Emergency: Suicidal intent or plan, acute psychosis
Urgent: Severe symptoms & deterioration in function, suicidal ideation, other major psychiatric conditions
Usual: additional therapy, evaluation, treatment non-responders, other medical concerns, med side effects, 2nd or further episode

Tools/Resources

MH Screening Questions
Risk Identification Tables

Functional
- TeFA
- CFA
Anti-Depression Activities

The activities below are helpful in recovering from depression. To start working on your recovery, put a check mark whenever you do one of the activities below. Push a little, often, but not to exhaustion. As you persist, day after day, you may gradually find your mood brightening and your energy returning.

<table>
<thead>
<tr>
<th>ACTIVITY</th>
<th>MON</th>
<th>TUE</th>
<th>WED</th>
<th>THUR</th>
<th>FRI</th>
<th>SAT</th>
<th>SUN</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Self-care (shower, shave, teeth etc.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Eat three meals, however small (check for each)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>3. Sleep (# of hours)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>4. Exercise, however little (# of minutes)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Relaxation (# of minutes)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Accomplish one small task or goal each day</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>7. Social contact (enough but not too much)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>8. Pleasure activities/hobbies (check for each)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Do something nice for yourself</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Do something nice for someone else</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Replace negative thoughts with helpful thoughts (check # times)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Miscellaneous (your choice)</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>
My Action Plan

I __________________________ and ______________________ have agreed that to improve my health I will:

(name)                                          (name of clinician)

1. Choose one of the activities below:
   - Work on something that’s bothering me: __________
   - Get more physical activity
   - Improve my food choices
   - Improve my sleep habits
   - Reduce screen time
   - Reduce my stress levels

2. Complete this box and set SMART goals for the chosen activity:
   - What:_________________________________
     ___________________________________
   - How much:____________________________
     ___________________________________
   - When:________________________________
     ___________________________________
   - How often:____________________________
     ___________________________________

3. Choose your confidence level:
   This is how sure I am that I will be able to do my action plan:
   - VERY SURE
   - 10
   - 9
   - 8
   - 7
   - 6
   - SOMEWHAT SURE
   - 5
   - 4
   - 3
   - 2
   - 1
   - NOT SURE AT ALL
   - 0

__________________________________________________
(Signature)

Date: ______________________
S.M.A.R.T Goal Setting

- **Specific** – what exactly will you do?
- **Measureable** – how much/long? what %?
- **Attainable** – is it realistic?
- **Relevant** – is it important?
- **Time Bound** – when?
Tips for Successful Goal Setting

1. Have your patient choose a goal to work on that they deem important.

2. Set S.M.A.R.T. goals:
   - S = specific (what? how much?)
   - M = measurable (time, weight, how many?)
   - A = attainable (is it realistic?)
   - R = relevant (is it important?)
   - T = time bound (by when?)

   - Vague goal: “I’m going to exercise more”
   - SMART goal: “Starting on Monday I’m going to go to the gym after work to do weights and cardio 4 days a week (Mon, Wed, Fri & Sunday) spending an hour each session”.

3. Use open ended ‘wh’ questions (what, when, who, where, how) to learn more about your patient, their goals and potential barriers.

4. If your patient’s confidence level that they can achieve their goal is below ‘7’, it isn’t likely that they will be successful in reaching their goal; it may not be a ‘realistic’ goal. Have them lower their goal to a level that they are confident that they can be successful at a level ‘7’ or above. For example, maybe going to the gym 3 days a week instead of 4 is more realistic, so they are more confident that they can achieve it.

5. When a patient chooses a confidence level, for example a ‘7’, acknowledge this and ask why they didn’t choose a lower score (i.e. ‘5’). They will respond listing the reasons why they can be successful; listing their strengths, this will help boost their confidence. Re-affirm the strengths they list.
Depression

Support Needed

YES

Refer for Psycho or Behavioural Therapy

NO

Psychotherapy
- Psychoeducation Tools
- Non Specific Supports
- CBIS Tools

Consider Medication

Follow-up & Monitoring

Meds as per protocol

Improvement?

Substantial

Meds Tolerated:
Increase & Monitor as per protocol

Meds not Tolerated:
Maintain dose x 2wk Refer if not improved

Moderate

Minimal or None

If used, increase meds gradually Monitor weekly until consult

Resources

Tools/Resources
- MH Screening Questions
- Risk Identification Tables

Functional
- TeFA
- CFA

Evaluation Tools:
- ADHD
- Anxiety
- Depression
- Suicide Risk
- Substance Abuse Screen

Referral Flags
- Evaluate need throughout involvement
- Emergency: Suicidal intent or plan, acute psychosis
- Urgent: Severe symptoms & deterioration in function, suicidal ideation, other major psychiatric conditions
- Usual: additional therapy, evaluation, treatment non-responders, other medical concerns, med side effects, 2nd or further episode

Return to p 1

A GPSC Initiative

- Continue treatment
- Educate re maintenance & relapse
- Set “well checks” every 3-6 mos
Child & Youth Mental Health

Visit 1
Monitor for Risk

- Elevated Risk?
  - YES
  - Screen Support
  - Only some symptoms and/or No Decrease in Function
  - Consider other explanations, provide non-specific supports and proceed to next visit in one month

- NO
  - Stop Assessment but f/u every 3-6 months

Visit 2
Continue assessment and support

- Significant Elevation in Symptoms And / Or Decrease in Function
  - NO
  - Possible Teen Depression
    - NO
    - Contact in 3 days by phone, text or email
    - YES
    - Contact in 3 days by phone, text or email
  - YES
  - Contact in 3 days by phone, text or email

Visit 3
Complete Assessment

- No continuing dysfunction or distress
  - ADHD
  - Depression
  - Anxiety
  - Unclear, severe, complex and requiring support

Tools/Resources

MOA Tasks
- MH Screening Questions
- Risk Identification Tables

Functional
- TeFA
- CFA

Evaluation Tools:
- ADHD
- Anxiety
- Depression
- Suicide Risk
- Substance Abuse Screen

Non-Specific Supports
- Safety Plan

General Resources

Strongest Families Referral

Referral Flags
- Evaluate need throughout involvement
- Emergency: Suicidal intent or plan, acute psychosis
- Urgent: Severe symptoms & deterioration in function, suicidal ideation, other major psychiatric conditions
- Usual: additional therapy, evaluation, treatment non-responders, other medical concerns, med side effects, 2nd or further episode
Safety Card- Emergency Contact Number

- Dr. (xxxxxxx) number and email
  604-xxx-xxxx  xxxxxxx@xxxxxxx.ca
- Emergency room
  604-xxx-xxxx
- Vancouver Child and Youth Mental Health Referral Line
  604-709-4111
- Helpline for children
  Toll-Free in BC (no area code needed) 310.1234
- Crisis Intervention and Suicide Prevention Centre of BC
  Lower Mainland 604.872.3311
  Toll Free 1.866.661.3311
- SAFER (Suicide Attempt Counselling Service)
  604-675-3985
- Vancouver Island Crisis Line
  1-888-494-3888
### EMERGENT – Call 911 or go to local ER
Suicide attempt or intent with plan and/or acute psychosis

### URGENT
Acute mental health crisis such as suicidal ideation, acute psychosis manageable in community, and/or severe symptom/deterioration in functioning

<table>
<thead>
<tr>
<th>Service Description</th>
<th>Fraser South</th>
<th>Fraser North</th>
<th>Fraser East</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child &amp; Youth Crisis Program</td>
<td>Ph:604.585.5561 Mon-Fri:9:00am-9:00pm Sat-Sun:12:00pm-10:00pm</td>
<td>Ph:604.949.7765 Mon-Fri: 9:00am-9:00pm Sat-Sun: 11:30am-9:00pm</td>
<td>Ph: 604.557.2095 Mon-Fri: 10:00am-9:00pm Sat-Sun: 12:00pm-9:00pm</td>
</tr>
<tr>
<td>• age 6-18</td>
<td>• Mental health assessment &amp; short term treatment</td>
<td>•</td>
<td>•</td>
</tr>
<tr>
<td>Early Psychosis Intervention (EPI)</td>
<td>604.538.4278</td>
<td>604.777.8386</td>
<td>1.866.870.7847</td>
</tr>
<tr>
<td>• age 13 – 30</td>
<td>• experiencing 1st psychotic episode</td>
<td>• family history and starting to decline</td>
<td>• <a href="http://www.psychosissucks.ca">www.psychosissucks.ca</a></td>
</tr>
</tbody>
</table>

**NON-URGENT - Call directly**

<table>
<thead>
<tr>
<th>Service Description</th>
<th>Surrey Memorial Hospital</th>
<th>Surrey Memorial Hospital</th>
<th>604.528.5064</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ministry of Child &amp; Family Development</td>
<td>Check <a href="http://www.mcf.gov.bc.ca/contact_us.htm">http://www.mcf.gov.bc.ca/contact_us.htm</a> for local office</td>
<td></td>
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<tr>
<td>• Age 19 and under &amp; their families</td>
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<tr>
<td>• Longer term mental health support</td>
<td></td>
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<tr>
<td>The Child &amp; Youth Neuropsychiatric Clinic</td>
<td></td>
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<tr>
<td>• Age 5-18</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Specialized assessments, consultation, short term treatment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The General Teaching Clinic</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Age 6-18</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Specialized assessments, consultations, and short term treatment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychosis Treatment Optimization Program (PTOP)</td>
<td></td>
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<tr>
<td>• 19 years and over</td>
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<tr>
<td>• Treatment plan consultation</td>
<td></td>
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<tr>
<td>Adolescent Day Program &amp; Youth Day Treatment Program</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Age 13-18</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>• Assessments, education</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
Other

RACE (Rapid Access to Consultative Expertise)
Telephone consultation with Child & Adolescent psychiatrist
(604) 696-2131
Mon-Fri, 8:00am – 5:00pm

School Counsellors
Call Child/Youth’s School

Eating Disorders Programs – Specialized program for adults and youth living with anorexia nervosa and bulimia nervosa
Abbotsford Mental Health Office
604.870.7800
Chilliwack Home Health Office
604.702.4860
Delta-North Mental Health Office
604.592.3700
3003 St. John’s St, Port Moody
604.469.7600

BC CHILDREN’S HOSPITAL Mental Health Programs -Tertiary Care
Main number for inquiries: (604) 875-2010; Central Referral Form Fax to: (604) 875-2099
http://www.bcchildrens.ca/Services/ChildYouthMentalHlth/Referral_information.htm

<table>
<thead>
<tr>
<th>Program</th>
<th>Age Range</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adolescent or Child Psychiatry Inpatient Unit - Referral only via CYMH</td>
<td>Age 12-&lt;17</td>
<td>Adolescent; Age &lt;12</td>
</tr>
<tr>
<td>ADHD Disorder Program – Outpatient assessment and consultation</td>
<td>Age 6 - &lt;18</td>
<td></td>
</tr>
<tr>
<td>Autism Spectrum Disorders (Sunny Hill Centre) Assessment, diagnosis and education</td>
<td>Age 2 - &lt;19</td>
<td></td>
</tr>
<tr>
<td>Child &amp; Adolescent Psychiatry Emergency (CAPE) Intake via emergency for acute psychiatric problems. Youth 17+ must go to local ED for assessment. Children 16 and under can go directly to BC Children’s ED</td>
<td>Age - up to age 17</td>
<td>See age breakdown for intake</td>
</tr>
<tr>
<td>Child Psychiatry Teaching and Consultation Clinic - Outpatient psychiatric assessments</td>
<td>Age 6-&lt;18</td>
<td></td>
</tr>
<tr>
<td>Eating Disorders Program - Outpatient &amp; inpatient treatment: contact Intake Nurse</td>
<td>Age–up to age 17 (17+ to SPH)</td>
<td></td>
</tr>
<tr>
<td>Infant psychiatric clinic - Assessment, consultation, intervention</td>
<td>Age – up to age 5</td>
<td></td>
</tr>
<tr>
<td>Mental Health Metabolic Clinic</td>
<td>Age- up to 18 yrs.</td>
<td></td>
</tr>
<tr>
<td>Mood and Anxiety Disorder Clinic - Outpatient consultation, diagnosis and treatment</td>
<td>Age 6-&lt;18</td>
<td></td>
</tr>
<tr>
<td>Neuropsychiatry Clinic - Neurodevelopmental &amp; behavioural conditions</td>
<td>Age 6-&lt;18</td>
<td></td>
</tr>
<tr>
<td>Provinical Youth Concurrent Disorders Program Outpatient assessment for dual diagnosis</td>
<td>Age 12-&lt;24</td>
<td></td>
</tr>
<tr>
<td>Urgent Assessment Clinic - Assessments for acute psychiatric symptoms</td>
<td>Age 6&lt;18</td>
<td></td>
</tr>
</tbody>
</table>

Community Resources for families and youth dealing with mental health issues:
- Kelty Mental Health Centre – www.keltymentalhealth.ca – Information & supportive resources
- FOR.C.E.- www.forcesociety.com – support and Information for families
- Strongest Families – strongestfamilies@cmha.bc.ca - help with mild-moderate behavioural problems
- Youth in BC – youthinkbc.com – crisis online service 24/7
- Mind Check – www.mindcheck.ca – youth website with information & supportive resources
- Pacific Community Resource Centres www.pcrs.ca - youth centres with supportive programs

FOR KIDS:
Crisis Line: (604) 872-3311
Suicide Hotline: (604) 784-2433
Kids Helpline: 1-800-668-6868
Fraser Health Crisis Line: (604) 951-8855
Parent Training and Support

- Strongest Families BC
- F.O.R.C.E.
Strongest Families BC Referral Form

Referral Checklist: Disruptive Behaviours ages 3 - 12
Strongest Families BC is a parent training program for disruptive behaviour in children aged 3 to 12.

Please print:
Child's Name: ______________________ DOB: ___/___/____ Gender: _______ PhN#: __________
Parent/Guardian Name: ____________________ Phone number: ________________________
Mailing address: __________________________ Postal Code: ______________________
Referring physician: ______________________ Phone: __________________ Fax: __________

Inclusion Criteria
1. Is the child 3–12 years of age?
   - No [ ] Yes [ ]
2. Does this child exhibit symptoms of disruptive, defiant or oppositional behaviour/behavioral-conduct or attention/concentration problems at home or school/daycare?
   - No [ ] Yes [ ]
3. Are these symptoms a regular feature of the child's behavior (not isolated instances)?
   - No [ ] Yes [ ]
4. Is the child's behaviour problem considered mild or moderate?
   - No [ ] Yes [ ]

Exclusion Criteria
1. Does this child have any of the following: Autistic spectrum disorder, early psychosis?
   - Yes [ ] No [ ]
2. Does this child have significant intellectual impairment that would interfere with a skill focused intervention program?
   - Yes [ ] No [ ]
3. Is the child's behaviour problem considered severe (i.e. child is at imminent risk of harming self; extreme conduct issues; or multiple severe co-morbid conditions)?
   - Yes [ ] No [ ]

DO NOT refer if any answer appears in shaded column
- do not refer [x]
- ok to refer [v]

Date: __________________________
Comments: __________________________

Fax completed/signed referral to: 1-877-688-3270
Strongest Families BC is offered in partnership with the Strongest Families Institute in Nova Scotia Funding for Strongest Families BC provided by the Province of British Columbia.
Medication

- Start low
- Go slow
- Monitor for side effects
Medication Algorithm - Depression

Initiating and Monitoring Antidepressants Medication

MDD Diagnosis (DSM-IV criteria)

- Use PST/PO and MIP throughout the treatment process.
- Initiate PST for at least 3 weeks. MADRS ≥8, symptoms continue causing distress and TESS shows decrease or no change in function. Time to start medication!
- Begin Fluoxetine at 10 mg daily for 1 - 2 weeks. (If significant anxiety symptoms are present start with 5 mg for 2 weeks and continue increasing as indicated)
- Increase Fluoxetine to 20 mg daily for one to two weeks
- Continue Fluoxetine to 20 mg daily for 8 weeks. (If side effects are a problem – decrease the dose to 15 mg daily for 1 week and then increase to 20 mg. If substantial side effects occur continue the dose at 15 mg for 8 weeks)
- If symptoms have not improved after 8 weeks of treatment.
- Increase the dosage by 10 mg every 2 weeks to a maximum of 40mg.

Atypical antipsychotics are not meant to be used to treat depression in primary health care.

If you have reached the maximum doses and depressive symptoms continue to cause distress and dysfunction or there is suicidal risk "REFER TO A MENTAL HEALTH SPECIALIST"
Best Practices for ADHD Management

1. Optimize non-medication options by providing structure, motivation and novelty
2. Personalize the medications
   - Coverage, ability to swallow, duration of action, diversion…
3. Start low, go slow
4. Serial clinimetrics:
   - weight, height, HR, BP, SNAP-IV 26, KSES-A, CFA/TeFA
5. Assess for co-morbidity with non-responders & increasing dysfunction
6. Parent training with support groups / Strongest Families
Medication Overview in ADHD – Pharmacokinetics and Efficacy

**Stimulants**
- do not bio-accumulate

**Methylphenidates**
- Ritalin 1R - 4 hrs
- Ritalin SR - 8 hrs (50% 4hrs: 50% 4 hrs)
- Biphetin - 10 hrs (40% 4hrs: 60% 6 hrs)
- Concerta - 12 hrs (22% 4hrs: 78% 8 hrs)

**Amphetamines**
- Dexedrine - 4 hrs
- Dexedrine Sp - 8 hrs (50% 4hrs: 50% 4 hrs)
- Adderall XR - 10 hrs (50% 5hrs: 50% 5 hrs)
- Vyvanse - 12-14 hrs (pro-drug)

1/3 of patients respond to Methylphenidates only

1/3 of patients respond to Amphetamines only

1/3 of patients respond to either one
- Therefore: 2/3 of patients will respond to one or the other

✓ Note: Biphetin & Dexedrine suspensions are convenient as they can be sprinkled.
✓ Vyvanse dissolves in water.

**Non-Stimulants**
- Strattera (Atomoxetine) - bio-accumulates
- Intuniv XR
- Clonidine
- Bupropion - bio-accumulates

Notes on color coding: covered by Pharmacare, requires a Collaborative Prescribing Agreement, not covered by Pharmacare.
Visit 1
Monitor for Risk

Stop Assessment but f/u every 3-6 months

Elevated Risk?

YES

Screen
Support

Only some symptoms and/or No Decrease in Function

Consider other explanations, provide non-specific supports and proceed to next visit in one month

NO

Significant Elevation in Symptoms And / Or Decrease in Function

Possible Teen Depression

Contact in 3 days by phone, text or email

Contact in 3 days by phone, text or email

Visit 2
Continue assessment and support

Possible Teen Depression

Visit 3
Complete Assessment

No continuing dysfunction or distress

ADHD

Depression

Anxiety

Unclear, severe, complex and requiring support

Adolescent Risk

Tools/Resources

MOA Tasks

MH Screening Questions

Risk Identification Tables

Functional

• TeFA

• CFA

Evaluation Tools:

• ADHD

• Anxiety

• Depression

• Suicide Risk

• Substance Abuse Screen

Non-Specific Supports

Safety Plan

General Resources

Strongest Families Referral

Referral Flags
Evaluate need throughout involvement

Emergency: Suicidal intent or plan, acute psychosis

Urgent: Severe symptoms & deterioration in function, suicidal ideation, other major psychiatric conditions

Usual: additional therapy, evaluation, treatment non-responders, other medical concerns, medication side effects, 2nd or further episode