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37TH ANNUAL AHA RURAL HEALTH CARE | LEADERSHIP CONFERENCE

FEBRUARY 11-14, 2024 | ORLANDO, FL

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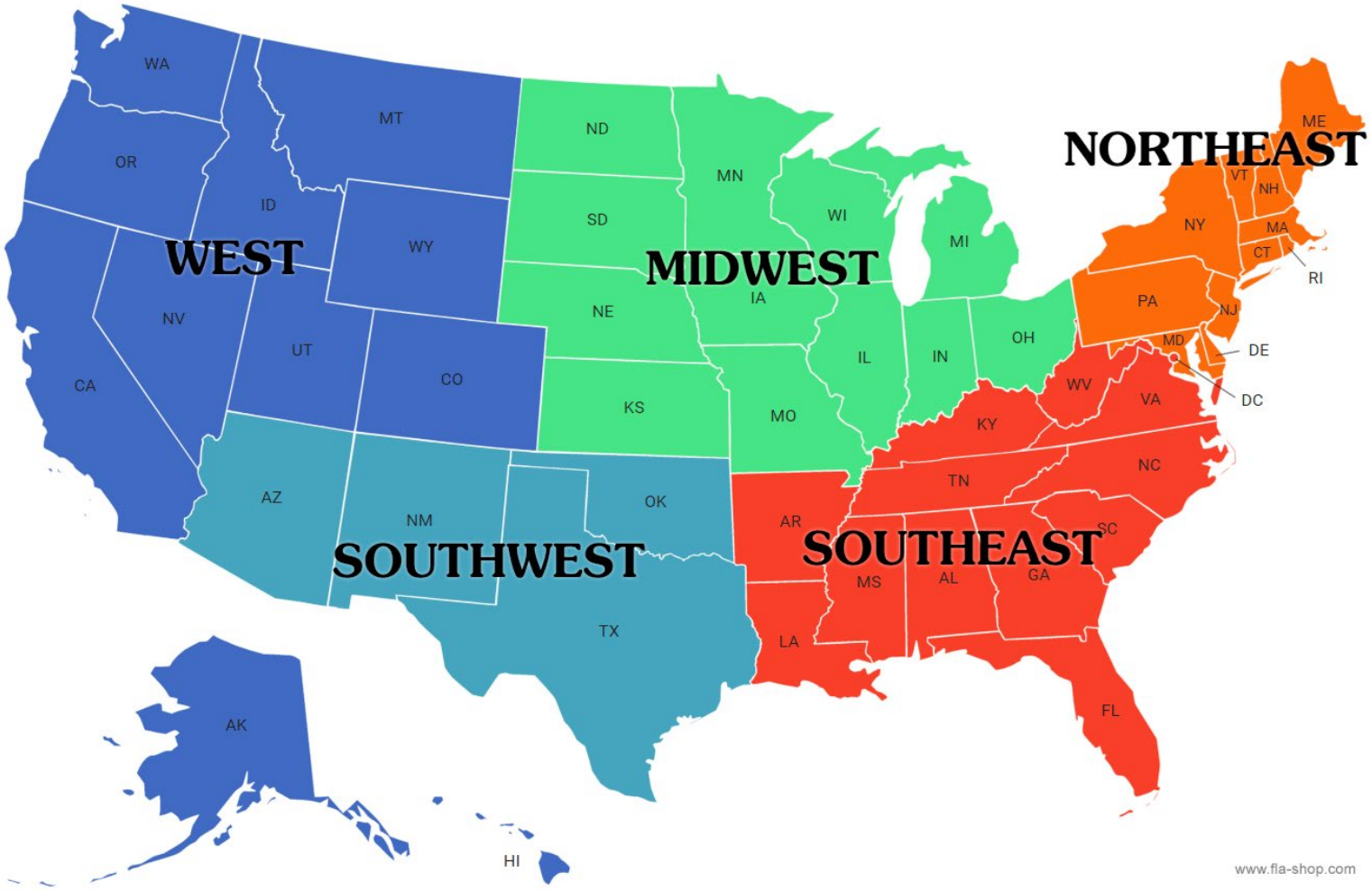
Building Competencies in the Community to Address Unmet Behavioral Health Needs

Dr. Julie Balaban, Barbara Dieckman, Jackie Pogue
Dartmouth Health, Lebanon, New Hampshire

Welcome!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Agenda

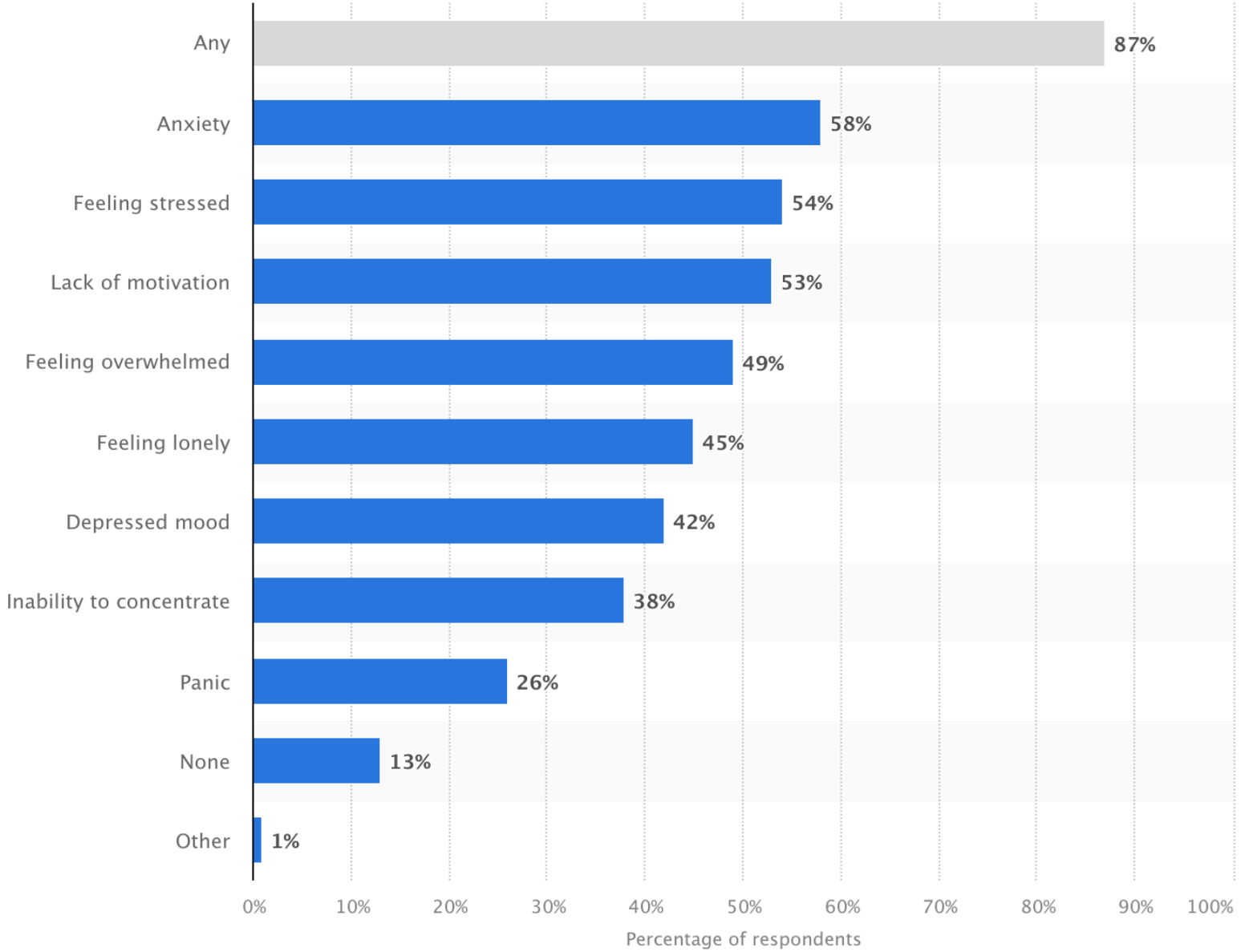
- Introduction
- Set the context
- Abbreviated live experience
- Small group discussion
- Q&A
- Wrap up

A bit of background:

- June 2021 HRSA grant to strengthen the rural behavioral health workforce in NH
- Address the immediate crises of youth in distress post-pandemic
- Rethink the behavioral health workforce

The Need

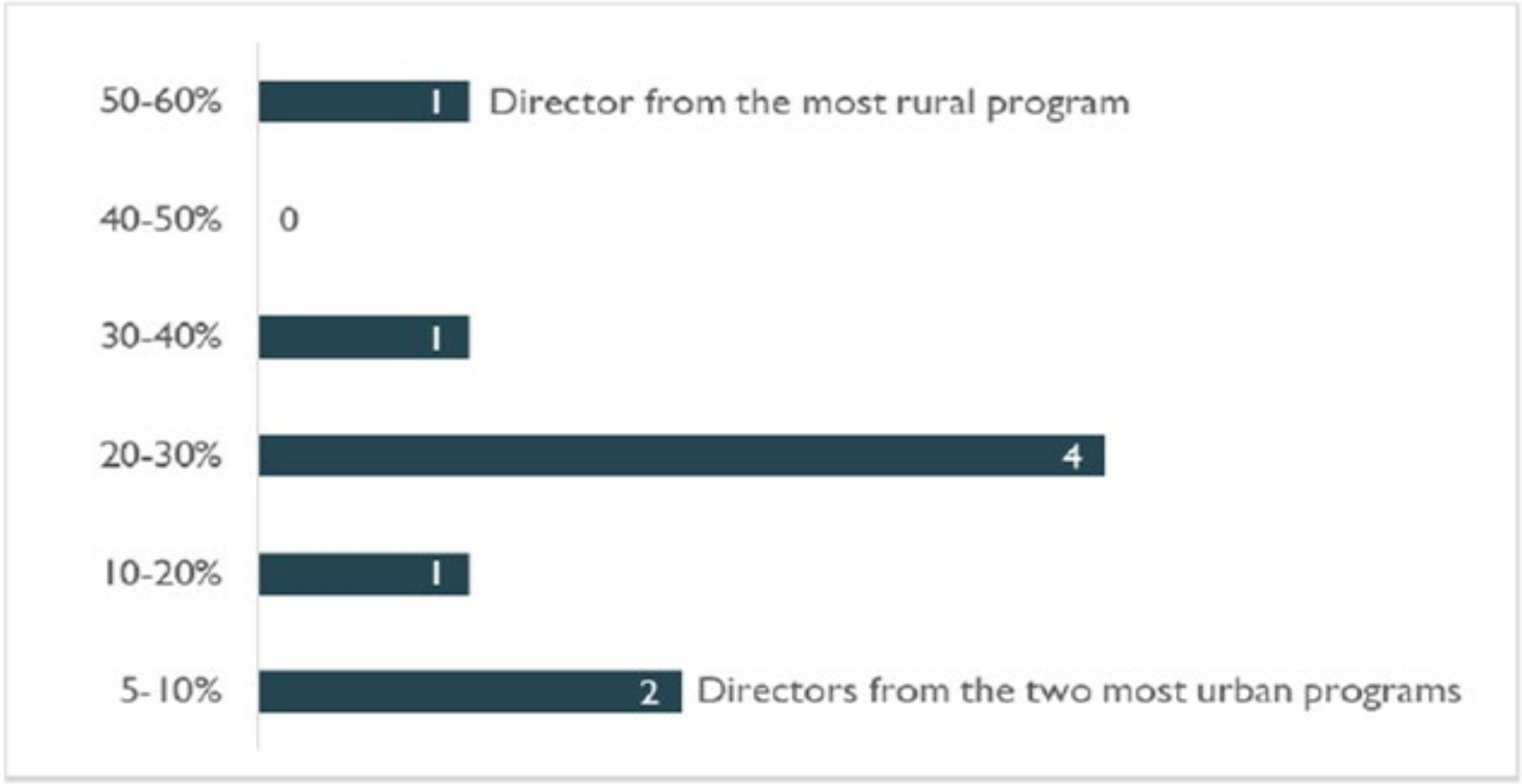
- 87% of youth report at least one significant mental health concern
- 1 in 5 youth seen in primary care have significant mental health problems



Leading mental health challenges reported among U.S. youth 2023, by type
Published by Preeti Vankar, Statista, Nov 29, 2023

Workforce supply continues to fall far short of need

Figure 1. Directors' Estimates of Direct Service Positions Vacancy Percentage in Their Organization (of nine responding)



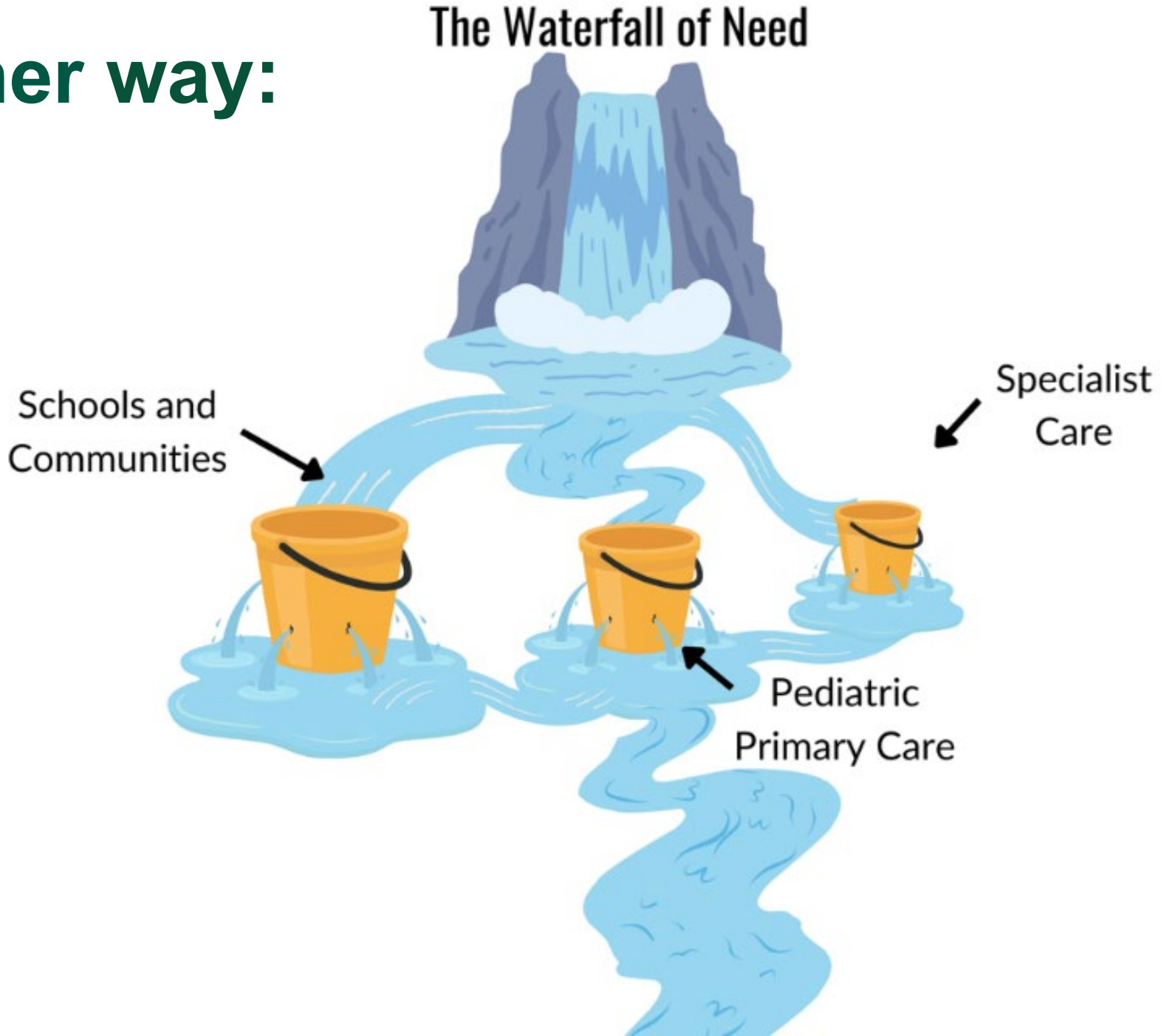
Source: UNH Carsey School analysis of 2022 PDG CBMH Workforce Survey

Source: "The Early Childhood Behavioral & Mental Health Workforce at New Hampshire's Community Mental Health Centers: Staff Vacancies," UNH Carsey School

Behavioral health workforce shortage impacts all healthcare systems

WSJ article about ER boarding

Said another way:



Thinking Outside the "Bucket" to Address the Shortage

- Enlarge the non-specialist buckets by leveraging the strength of rural communities, we know each other!
- Look to the people who already work with young people and enhance their ability to support mental health needs before crisis occurs.
- Focus groups helped us clarify the training content and goals.

Virtual Learning Platform Project

How we did it

Mock session

What we did and why we did it

- Upstream approach
- Focused on students in distress
- Trained teachers and other school personnel to recognize and respond to students in distress
- Expanded to community youth supporters

Why a Virtual Learning Platform

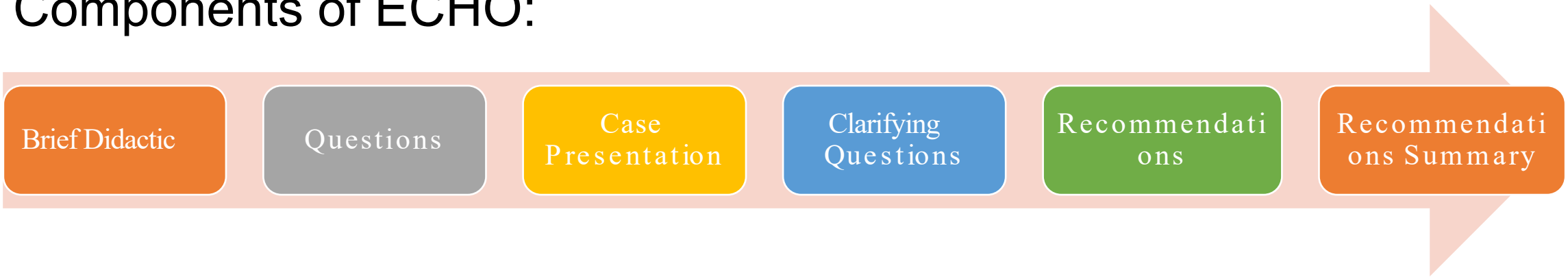
- Overcomes geographic barriers so that more will attend
  - Participants can come from far away
  - No travel time needed
  - Can be on phone, computer, tablet
  - Only limitation is access to the internet

- Accommodates up to 500 attendees
- Easier for speakers and panelists to join
- Chat function allows participation of those reluctant to speak up
- Easily recorded if desired for later use as a resource

Project ECHO (Extension For Community Healthcare Outcomes)

Project ECHO is an “all teach, all learn” framework that uses virtual technology to support learning, mentoring, and peer support. Aims to be highly interactive.

Components of ECHO:



The ECHO Model - Project ECHO (unm.edu)

Mock Presentation

Roles

Planning committee

Tech/Admin support

Course director

Core panel of experts

Facilitator

Presenter

Notetaker

Panel Preparation and Debrief

Presentation Format

- Housekeeping
- **Didactic**
- Questions
- **Case Presentation**
- Clarifying Questions
- **Discussion**
- **Wrap up/summary**

Set up: Volunteers to be our audience

Dartmouth Health

Project ECHO

WELCOME to the

Keeping Students Safe: Recognizing and Responding to Youth in Distress ECHO

Session 1, February 11, 2024

Please let us know you are here: Type your name, email, organization into CHAT

Disclosures

Nothing to disclose

Sample Housekeeping Slide

- Please let us know you are here. Enter name, email, organization, questions in Chat

  Pre course survey:
  https://redcap.hitchcock.org/redcap/surveys/?s=DFMXEY373XNCPE7H
- Raise virtual hand or enter comments in chat at any time. We will call on you when it works. Please mute otherwise.
- To protect individual privacy, please use non-identifying information when discussing cases.
- We will be recording the didactic part of these sessions. *Participating in these session is understood as consent to be recorded. Thank you!*
- Closed Captioning will be enabled during sessions
- Questions to ECHO Tech Support thru personal CHAT or ECHO@hitchcock.org

Students at Risk

Identification and Management

Julie Balaban, M.D.
AHA February 11, 2024

What Risk?

- Suicide is the second leading cause of death in 15-19 year olds

Suicide Risk: Local Data

- 2019/2021 NH Youth Risk Behavior Survey Results:
  - 14-21%: “Made a plan about how they would attempt suicide during the past 12 months”
  - 7-10%: “Attempted suicide (one or more times) during the past 12 months
- Black, Indigenous, People of Color at 5-11x risk compared to White youth
- LGBTQ+ youth are at 4x the risk of heterosexual cisgender peers for suicide attempts
  - Dartmouth Health Primary Care screening in 2022 showed 20% of teens ages 15-18 years in western NH said yes to “Do you think you may be gay, lesbian, bisexual or transgender?”

Risk Factors

- Immutable risk factors present statistical risk
- Mutable risk factors present potential triggers, also potential interventions

Immutable Risk Factors

- History or presence of psychiatric illness
- Family history of depression or suicide
- Loss of parent (death, divorce)
- Abuse history (Physical, sexual, emotional)
- Gender differences- males 2-3x more likely to die, while females are 3-9x more likely to attempt
- Belonging to a high-risk vulnerable group
- Past suicide attempt
- Exposure to suicidal behavior in others

Mutable Risk Factors

- Lack of support network
- Social isolation
- Active bullying and abuse
- Access to means: guns in the home
- Substance misuse and substance use disorder

Assessing Risk Varies by Role and Setting

- Better to err on the side of caution when assessing risk
- Know your system's process for managing safety
- Know who you can consult with or refer to for next steps and more help
- Don't be put in a situation you are not equipped to manage

Clinical Assessment

- Intent
- Means
- Plan
- Risk Factors
- Mitigating/protective factors

Intent/Plan: How High is the Risk?

What do you ask?

- Passive or active?
- Preparatory Behavior
- Self harm or suicidal? (note: Non-suicidal self harm is associated with suicidal behavior, but usually not acutely)
- Strength of the thought/wish
- Level of control over the thoughts/impulses

How do you ask?

- What kind of thoughts are you having?
- Wishes to be dead: Be better if not around/wish never been born/wouldn't care if hit by a car
- Have you thought about what you might do?
- What's the closest you've come to acting on the thoughts?
- What's kept you from acting on the thoughts? How hard is it to not follow through?

Means

- Males:
  - Firearms
  - Suffocation (hanging) second
- Females:
  - Used to be poisoning (overdose)
  - Now suffocation and firearms

Note: Acutely lethal means combined with plans and access and are special causes for concern

Risk Factors

- Immutable risk factors present statistical risk
- Mutable risk factors present potential triggers, also potential interventions

Mitigating (Protective) Factors

- Cultural and religious beliefs that discourage suicide
- Personal connections: family, friends, community supports
- Supportive relationships with caregivers
- Available healthcare
- Problem solving skills, coping skills, adaptability

Safety Planning

- Identifying risk and protective factors
- Securing means
- Identifying trusted responsible adult(s)
- How to avoid triggers
- Steps to take if thoughts and urges occur
- Plan for monitoring and following up
- Refer to higher level of care if needed
- *Contracting for Safety is **not** a reliable safety plan*

Summary

Teen suicide is a real risk

Assessing safety involves understanding intent, plan and means in addition to risk and protective factors

Be prepared:

- Don’t be afraid to ask about suicidal thoughts and feelings
- Know your role
- Know your policies
- Use your resources

Case Presentation

I’m a nurse at the local high school. Some of my students have approached me with concerns about another student “Philip” who has been texting them things that are causing concern about how he is doing. Phillip’s texts say things like, “What’s the point? I’m at my wits end. I’m not sure this is worth it anymore.” I reached out to his parents but haven’t heard back.

QUESTION: I plan on meeting with the student tomorrow. How should I handle this?

Wrap Up

Resource Repository

Sharepoint

DropBox

Google Drive

Small Group Discussion

- What do you like about this virtual training platform?
- How might it work in your local environment?
- What are the barriers and facilitators to implementation?

Top 4 Lessons Learned

1. Talk to multiple stakeholders about what's needed as part of the planning.
2. Have experts available but first facilitate learning peer-to-peer.
3. The "all teach all learn" model leads to participants having decreased professional isolation.
4. The all teach all learn model creates new communities for support and resource sharing among previously disconnected participants.

Q&A

Thank you! You can reach us at:

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- Jackie Pogue- Jacqueline.A.Pogue@Dartmouth.edu

References

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4. Johns, M. M., Lowry, R., Andrzejewski, J., Barrios, L. C., Zewditu, D., McManus, T., et al. (2019). Transgender identity and experiences of violence victimization, substance use, suicide risk, and sexual risk behaviors among high school student–19 states and large urban school districts, 2017. *Morbidity and Mortality Weekly Report, 68*(3), 65-71.
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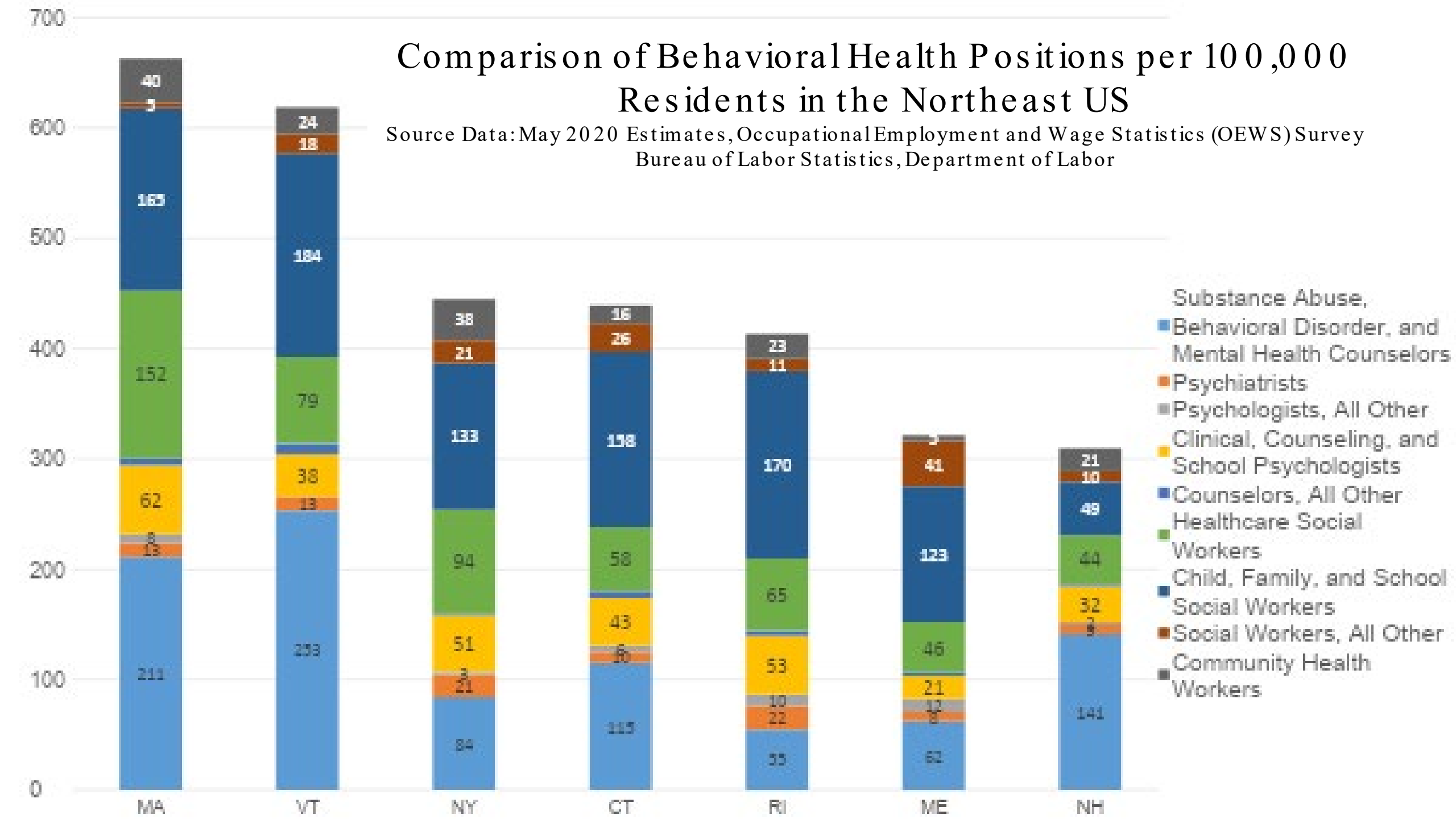
Comparison of Behavioral Health Positions per 100,000 Residents in the Northeast US

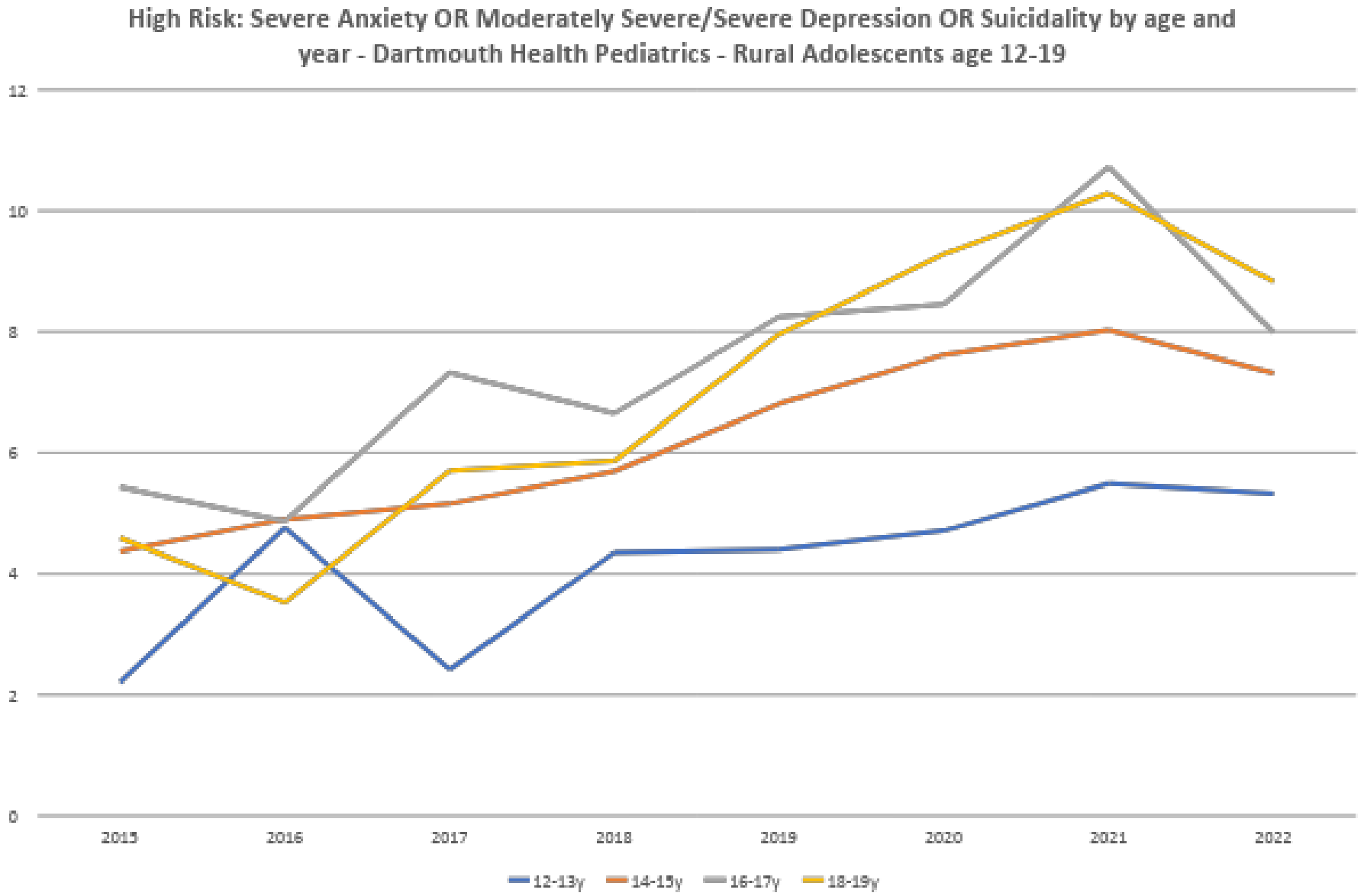
Source Data: May 2020 Estimates, Occupational Employment and Wage Statistics (OEWS) Survey
Bureau of Labor Statistics, Department of Labor



Indicators of Community Mental Health Center Workforce Challenges in NH, May

	Open Positions	Clinical Vacancies	Vacancy Rate	12-Month Turnover Rate	Days to Fill Positions
Rural CMHCs					
Northern	31	26	12.8%	15.2%	169
WCBH	18	18	10.9%	36.9%	143
Lakes	28	21	13.6%	23.9%	95
MFS	27	25	11.6%	25.0%	130
Urban/Suburban CMCHs					
Riverbend	48	43	10.9%	27.0%	85
Nashua	26	22	9.3%	22.9%	92
Manchester	28	23	6.0%	15.7%	124
Seacoast	20	12	6.9%	13.3%	97
CP	31	29	16.6%	23.6%	99
CLM	31	30	12.8%	22.2%	65
Mean			10.5%	22.6%	96

Data Source: New Hampshire Behavioral Health Association, HR Posting Analysis, May 2021



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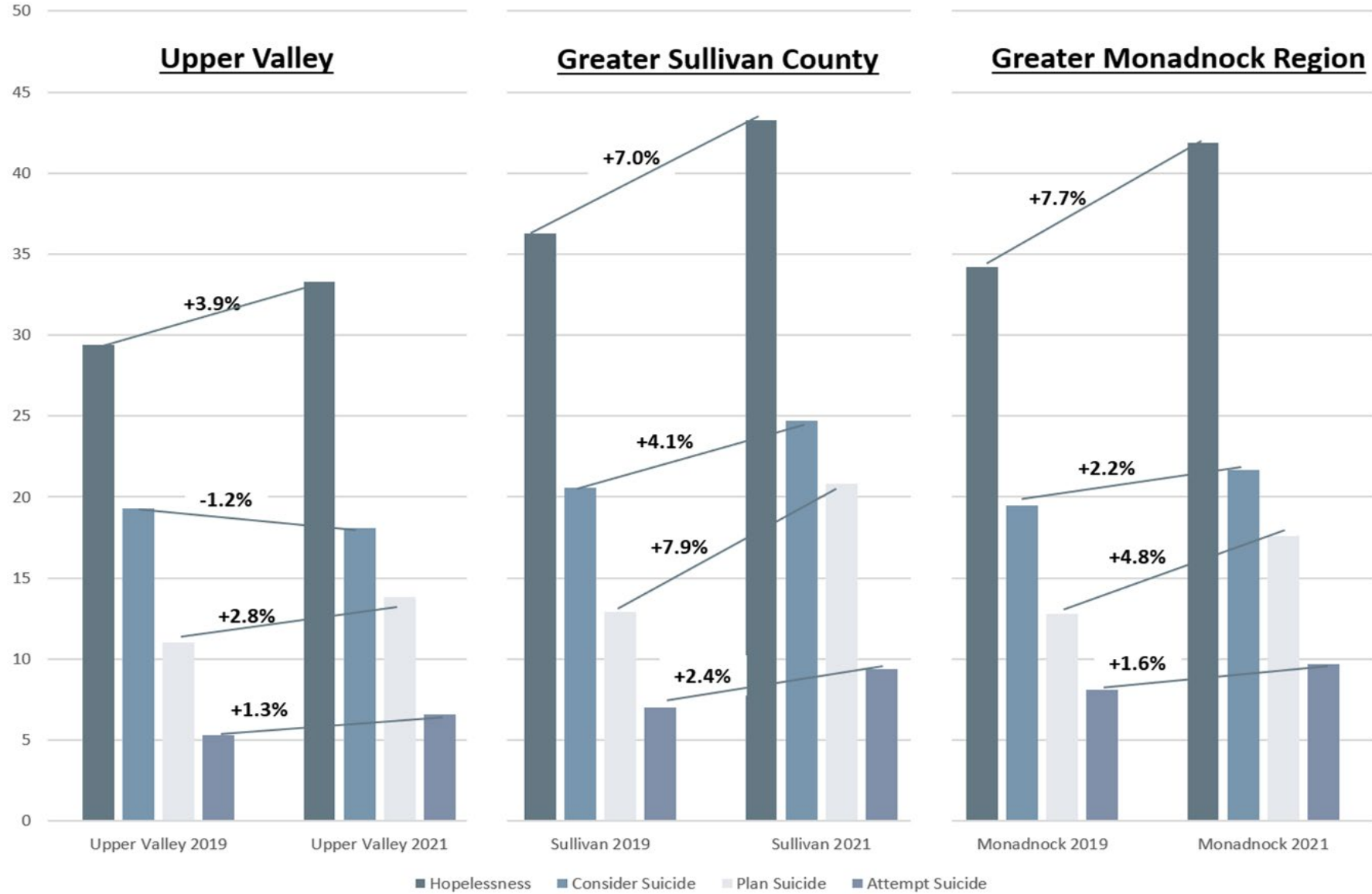

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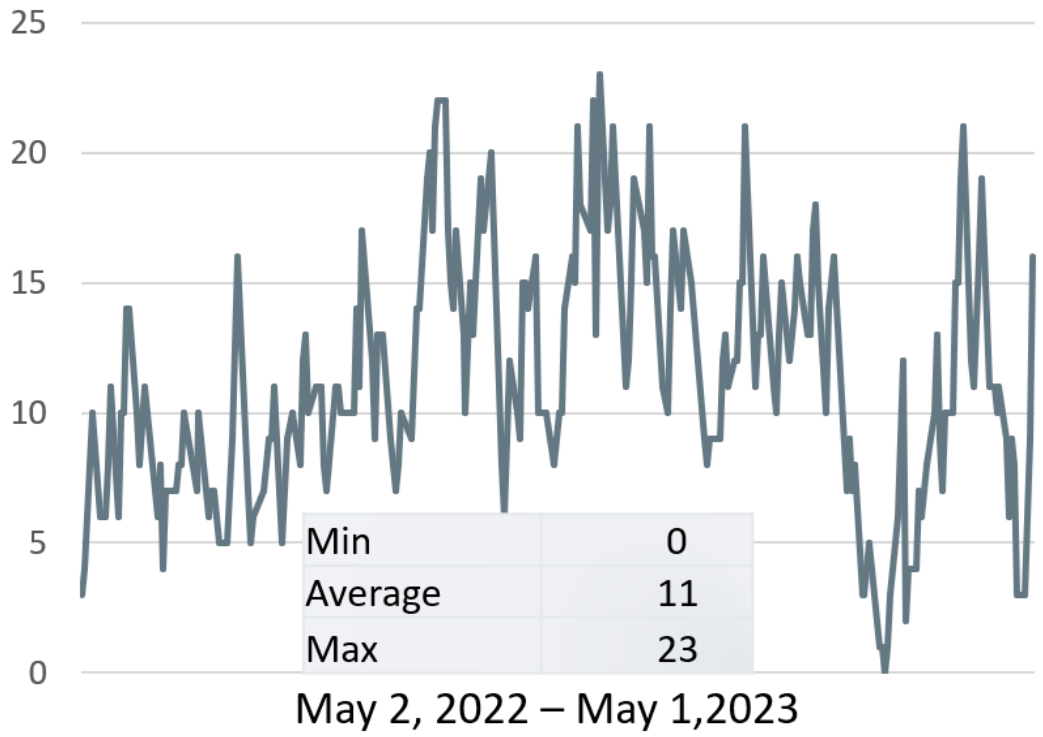
Comparison of Common Screening Tools

- PHQ-9
  - item 9 of the PHQ-9 is an ***insufficient assessment*** tool for suicide risk and suicide ideation in younger patients
  - In adults, sensitivity = 88.6% and specificity = 66.1% (compared to CSSRS)
- ASQ
  - Sensitivity = 96.9% and specificity = 87.6%
- CSSRS – A
  - Adult version sensitivity = 67-69% and specificity = 65-76%

Example of how this Affects NH

Number of NH Youth Waiting for Inpatient Psychiatric Hospitalization



Wait Times for Child/Adolescent Psychiatric Outpatient Services at DH

	Child/Adolescent patients referred for therapy	Child/Adolescent patients referred for psychiatric evaluation
Average number of days from referral to appointment	124	66
Average monthly number of new patients seen	3	27
Average monthly new referrals	10	172

Top 4 Lessons Learned

1. Talk to multiple stakeholders about what's needed as part of the planning.
2. Have experts available but first facilitate learning peer-to-peer.
3. The "all teach all learn" model leads to participants having decreased professional isolation.
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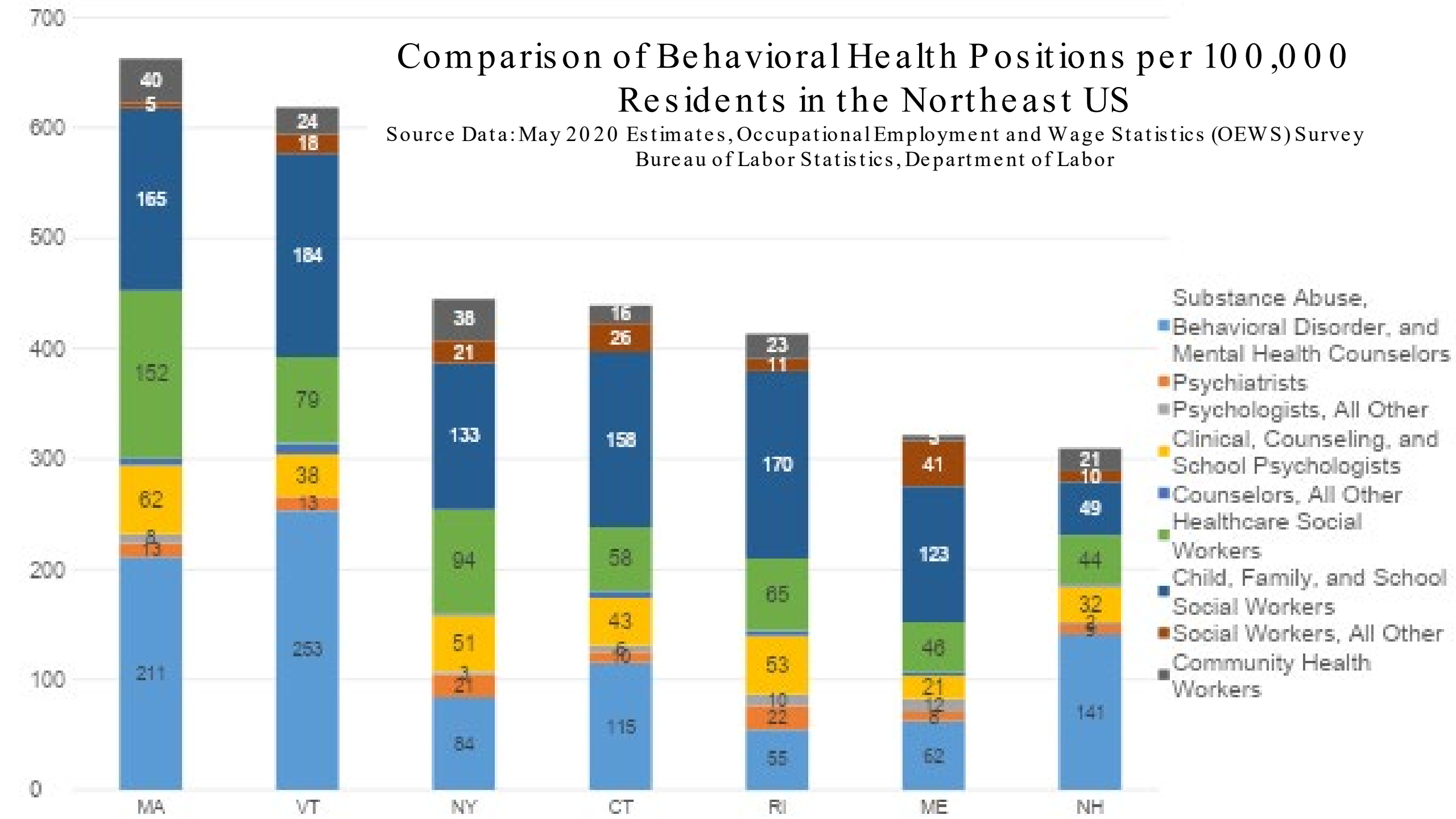

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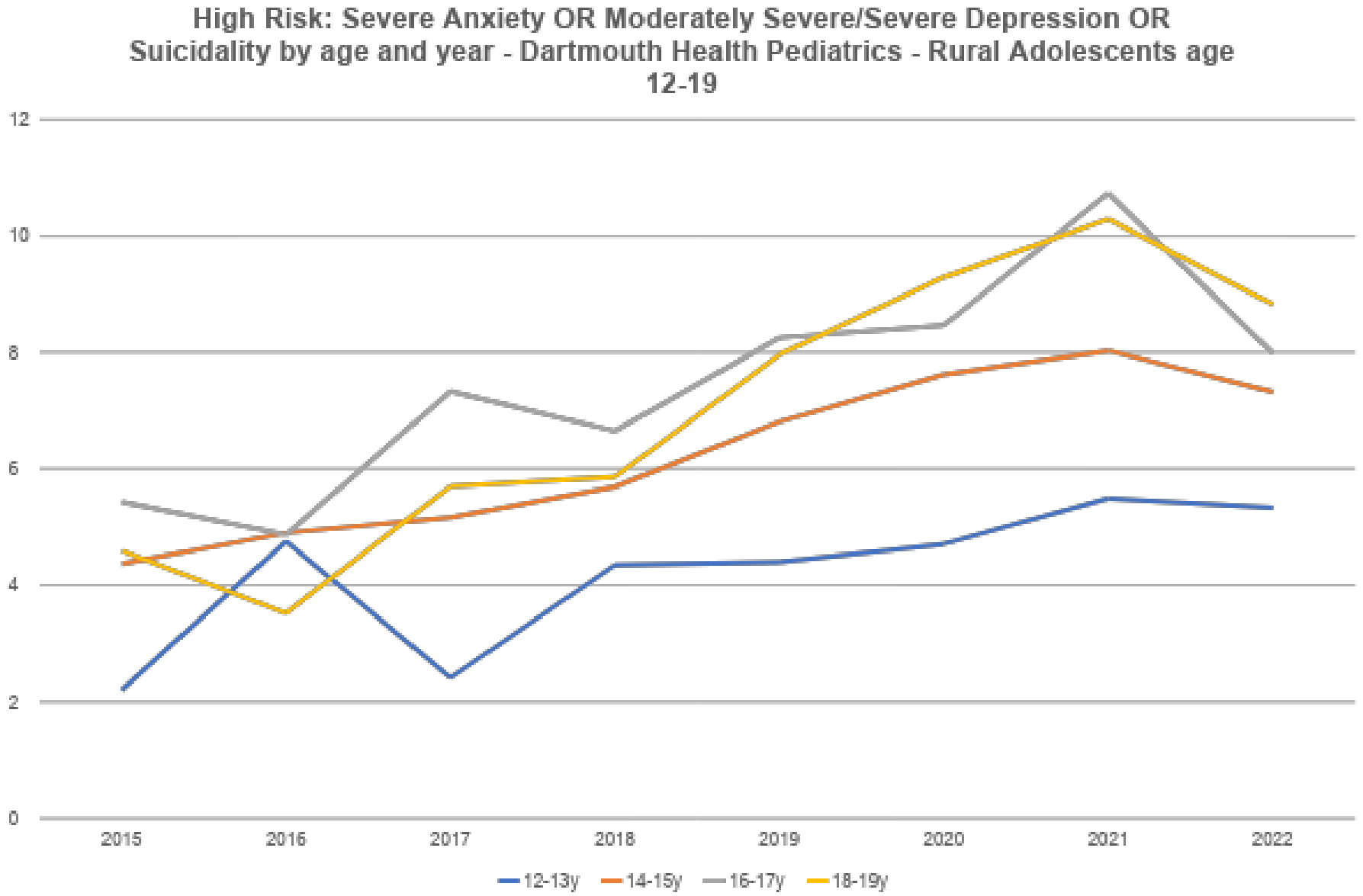

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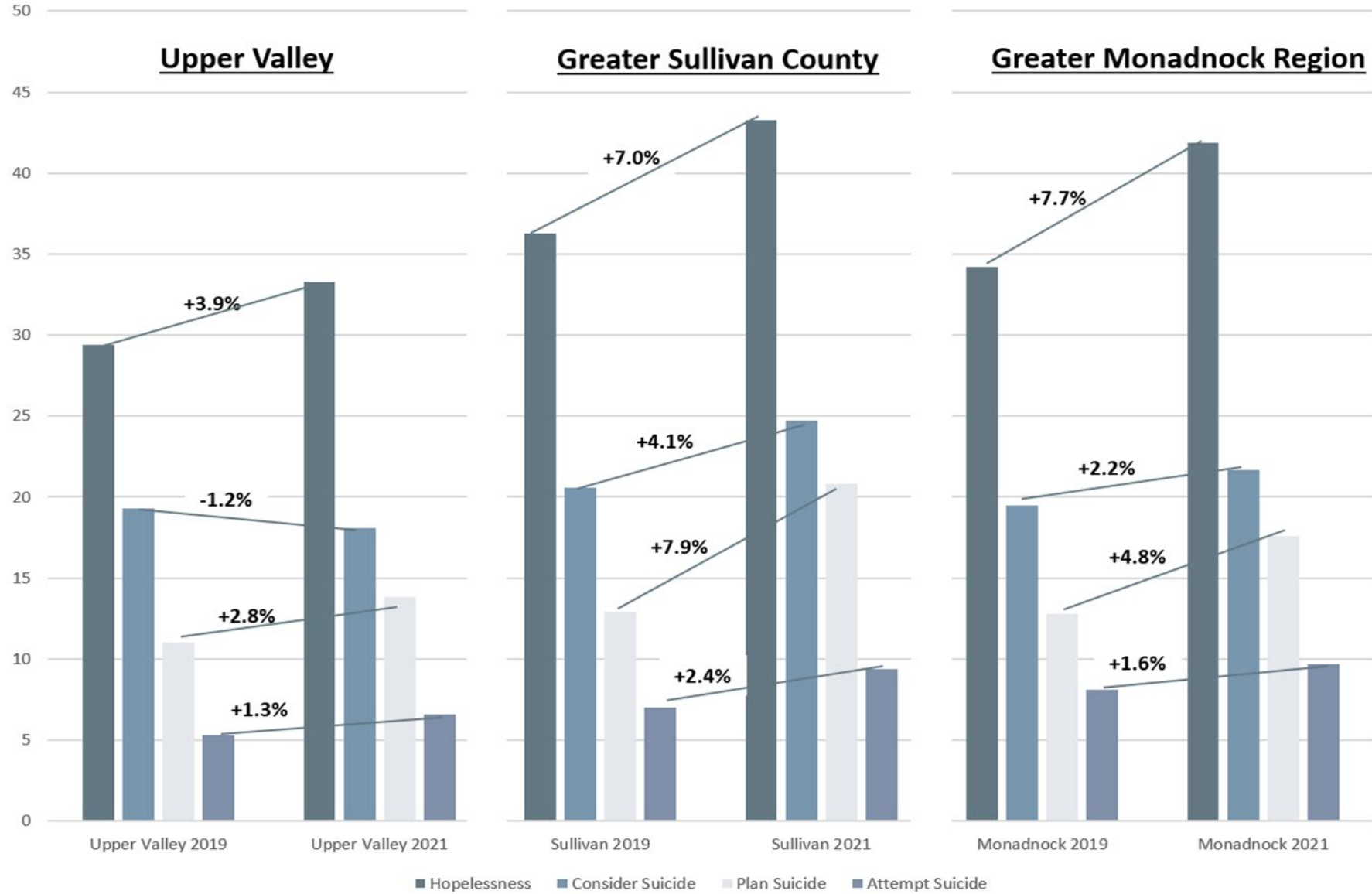

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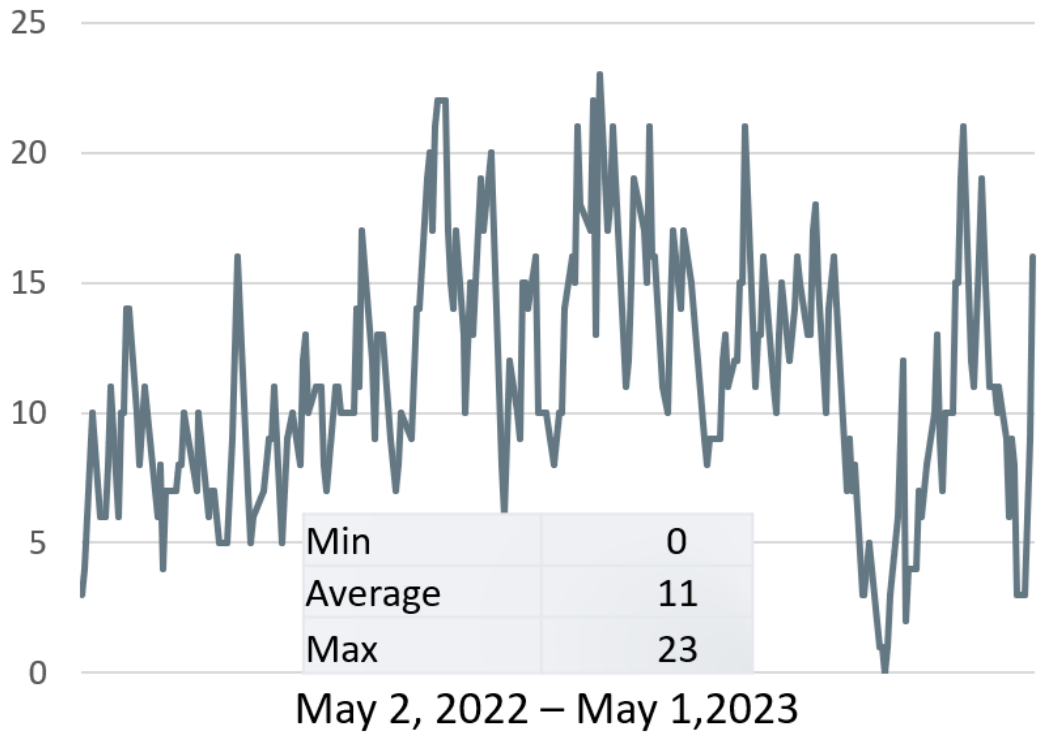

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