



CARING FOR OUR TEENS

THE ADOLESCENT BEHAVIORAL HEALTH PROJECT

Six months is a very long time when you're a teenager. It's two-thirds of a school year, a span of time in which a teen might change his or her entire social circle, start new classes, start dating and see his or her body go through some major changes.

Imagine that same six-month span if you're a teenager who is also dealing with untreated depression or anxiety. Six months becomes an eternity. Yet that's how long many U.S. teens have to wait to get help with behavioral health issues—if they ever get it.

ADOLESCENT BEHAVIORAL HEALTH BY THE NUMBERS

Nearly 100,000 teenagers get their health care at PAMF. The Adolescent Behavioral Health Project can now help them find behavioral health care as well.



1 IN 5

teenagers in the U.S. has a “seriously debilitating” mental disorder.



ONLY 20%

of teens who need help get it.

MOST COMMON REASONS FOR NAVIGATION REQUESTS:
DEPRESSION & ANXIETY



Sources: National Institute of Mental Health; *JAMA Psychiatry*, January 2014.

Historically, mental health care has been set apart from other aspects of health care. Primary care providers get little training in mental illness. Insurers often separate the provider networks, making it difficult to get both kinds of care in one location. Plus, there are simply not enough child and adolescent psychiatrists to treat those in need. Add in the long-standing stigma of talking about mental health, and it has led to a broken system in which few teenagers get the help they need.

In the Palo Alto area, this broken system tragically came to light a few years ago, when four teenagers committed suicide in a span of six months. In the wake of that community health crisis, Meg Durbin, M.D., an internist and pediatrician who practiced at PAMF for many years, and Dan Becker, M.D., medical director of behavioral health services at Sutter Health affiliate Mills-Peninsula Health Services, decided it was time to fix the local system. It was time to figure out a way to ensure that the nearly 100,000 teenagers who get their physical health care at PAMF would also have good access to mental health care.

Drs. Becker and Durbin subsequently developed the Adolescent Behavioral Health (ABH) Project, along with several colleagues. ABH is a five-year pilot program that aims to get teenagers the help they need, *when* they need it, by integrating behavioral health services into primary care services at PAMF. The ABH Project aims to transform the delivery of behavioral health care for these teens, as well as other patients in the future.

A Three-Phase Pilot Program

Phase 1 of the three-part ABH Project, launched in 2014, focuses on empowering PAMF’s primary care providers, giving them the skills and tools they need to address behavioral health issues directly with their patients. The ABH staff trained hundreds of doctors and other staff on how to screen teenagers for common mental health issues such as depression

and anxiety. Screening for behavioral health problems is different from what most physicians cover during a routine office visit, explains Kimberly Erlich, a pediatric nurse practitioner and primary care mental health specialist who coordinates the ABH Project. “A teenager doesn’t necessarily come in for a visit and say, ‘Hi, I’m depressed.’ They come in with lots of other issues, like they are overwhelmed, they’re missing a lot of school, they are having headaches. When doctors hear those kinds of things, they have to recognize that there might be a behavioral health problem behind it. They have to be ready to delve deeper, to find out what is really going on. These tools help the doctors to do that.”

The new tools also include guidance on the steps to take when an initial screening shows that a teen may have a mental health issue. The primary care providers can treat common, milder mental health issues themselves, following treatment guidelines. Or they may choose to refer a patient to a behavioral health specialist.

Phase 2 of the program, launched later in 2014, focuses on that referral process. New procedures make sure that the teens who are referred to another provider are quickly linked with an appropriate specialist in their community.



“We are getting patients connected to behavioral health care much sooner, and getting them more appropriate care at the start.”

—Kimberly Erlich, Pediatric Nurse Practitioner, ABH Project

In the past, simply *finding* a mental health practitioner has often been a major barrier to getting care. “Typically, a parent who was trying to find mental health help for their child would call their insurer and be given a list of 20 names,” says Erlich. “They’d spend days calling every name on the list and get maybe one callback, from someone who was not taking new patients anyway. Or the therapist didn’t offer the kind of care the teenager needed. Or they don’t take their insurance anymore. Or it wasn’t a good fit for some other reason. After making a lot of calls and getting nowhere, the parent often gave up and the teenager never got any help. And the primary care doctor never heard about it.”

“With the ABH Project, the physician now refers the patient and the family to a behavioral health navigator who is on

staff, and the navigator does the matchmaking,” says Dr. Durbin. “The navigator talks with the family, finds out what is going on and finds a provider who can help right away.”

Key to the work of the navigators is a detailed database of hundreds of local mental health care providers, which the ABH staff built from scratch. When a patient needs care, the navigator searches the database for a provider who is skilled in the area needed, accepts the patient’s insurance, and is open to new patients. In most cases, the navigator reaches out to the therapist and handles the initial contacts.

“It’s a huge relief for families to know that they are being sent to somebody who is the right fit for their teen,” says Erlich. “It’s an enormous help.”

The third phase of ABH, launched in 2015, is an initiative to start embedding direct behavioral health care services in select PAMF clinics. This on-site care is provided by a primary care mental health specialist (a nurse practitioner). The specialist helps the clinic’s physicians manage their teenage patients: evaluating patients, delivering some behavioral health interventions, prescribing and monitoring medications, and working with families to troubleshoot issues and find other specialized care.

Assessing the Impact

As the pilot ABH Project progresses, researchers at the Palo Alto Medical Foundation Research Institute are assessing the impact and success of the new services and the potential to apply aspects of the program to other patient populations within PAMF and other Sutter Health affiliates. The ABH team also hopes their efforts will help other health care systems in the U.S. encourage integration of behavioral health care into primary care settings. The ABH Project is solely funded by donors and is budgeted to run through 2018.

In the meantime, both doctors and patients are reporting great satisfaction with the program. “The primary care providers are more willing to address behavioral health issues because now they have the support and resources they need,” Erlich says. “We are also seeing great collaboration between the doctors and the navigators.

“The families tell us that they feel very well cared for,” she adds. “We are getting patients connected to care much sooner, and getting them more appropriate care at the start.”

The ABH Project has the potential to foster major changes in how health care—both psychiatric and non-psychiatric—is delivered. “If we do this right, systems like ours will see big changes in how we deliver behavioral health care,” says Dr. Becker. “We want to see a time when kids come into their pediatrician’s office for a routine school checkup and are screened for depression, substance abuse or anxiety just like they would be screened for diabetes or obesity.”

Adds Dr. Becker, “There has really been a seismic shift in understanding that physicians absolutely must and can address mental health issues—treating the whole patient.”

Donors Made The ABH Program a Reality

The Adolescent Behavioral Health Project, a five-year pilot program, has been supported entirely by donations. Close to 200 individuals and charitable organizations, such as the John and Marcia Goldman Foundation, have chosen to support the \$3.3 million project. These engaged, generous donors have made gifts ranging from \$3 to \$500,000.

“I am very happy to support this wonderful program,” says Blair Stratford, who supported ABH with a generous donation from her family’s KBK Foundation. “Having eight grandchildren, I see a lot of what’s going on with adolescents today and the stress they are under. Everyone needs to know that if they are in trouble, if they are experiencing anxiety, depression or stress, there *is* help out there, and there is no reason to be ashamed. The ABH Project is going to make it as easy as possible for teenagers to get the care they need.

“My grandchildren have known kids who committed suicide,” she adds. “To think that somebody that age feels that is the only way out—it breaks your heart. Help has to be available to them when they need it. This is something I feel very strongly about.”

Donor support of the ABH Project is critical, explains Kimberly Erlich, pediatric nurse practitioner and project coordinator. “Most of these services are not reimbursable; PAMF can’t bill patients’ insurers for them. In order to develop this innovative new program, and make sure our teenage patients get the help they need, we are completely dependent on donations.”

“We are so grateful to have the support of many people in the community,” Dr. Durbin adds. “Even people who have not been personally affected by behavioral health issues see how crucial it is to support this kind of work. They know that mental health affects everyone in the community.”

Kendall Stratford Barrera, Blair Stratford

