

# Welcome!

Networking Time 10-10:30 – introduce yourself!

Training will begin at 10:30

**Left Table:** coffee, tea, snacks, note-taking supplies

**Right Table:** mental health resources and swag

## **Additional Wayfinding:**

- Bathrooms (ladies' out the doors to the right, mens' out the doors to the left, gender neutral single-stall bathrooms out the doors to the left and down the hallway)
- Lactation rooms (out the doors to the left and down the hallway toward the end)
- Water bottle filling station (out the doors to the left)

**WiFi: SCH-GUEST**



# Welcome

- Introductions
- Wayfinding
  - Bathrooms (ladies' out the doors to the right, mens' out the doors to the left, gender neutral single-stall bathrooms out the doors to the left and down the hallway)
  - Lactation rooms (out the doors to the left and down the hallway toward the end)
  - Water bottle filling station (out the doors to the left)
- Agenda for the day
- Snacks & lunch



# Land Acknowledgment

There are 574 Federally recognized tribes in the United States and approximately 400 additional tribes which are not Federally recognized including the Duwamish Tribe – on whose land we reside. This is unceded Indigenous Land: the traditional territories of Salish People. This acknowledgment does not take the place of authentic relationships with indigenous communities but serves as one way to honor the land we are on.

To learn more, please text your zip code to 855-917-5263 to find out whose land you are on.



# Mindful Moment



# Navigating the Youth Mental Health Landscape

Seattle Children's Community Health

Kashi Arora

## Gratitude and Recognition:

Family Advocate Case Managers from the Department of Psychiatry and Behavioral Medicine for their work on *Finding Mental Health Care in Washington: Where to Start*, on which the second part of this training is heavily based.

The Washington Chapter of the American Academy of Pediatrics (WCAAP) for their work to train CHWs in Primary Care settings, with whom we partnered to develop parts of this training.

Seattle Children's own **Community Mental Health Workers!**



# Agenda

10-10:30 Check-In & Networking

10:30-45 Welcome, Intros,  
Acknowledgements, Mindfulness

10:45-11:30 Youth Mental Health  
Issues & Stigma

11:30-12 Breakout Discussion

12-12:30 Lunch

12:30-1:15 Navigating the Youth  
Mental Health Landscape

1:15-1:45 Breakout Discussion Groups

1:45-2 Q&A and Closing

2-2:30 Survey & Additional  
Networking



# Learning Objectives

Understand common youth mental health issues.

Identify ways to reduce mental health stigma.

Learn about the landscape and levels of youth mental health care.

Understand ways to seek mental health services for youth.

Identify ways to support families whose children are on waitlists for mental health services.



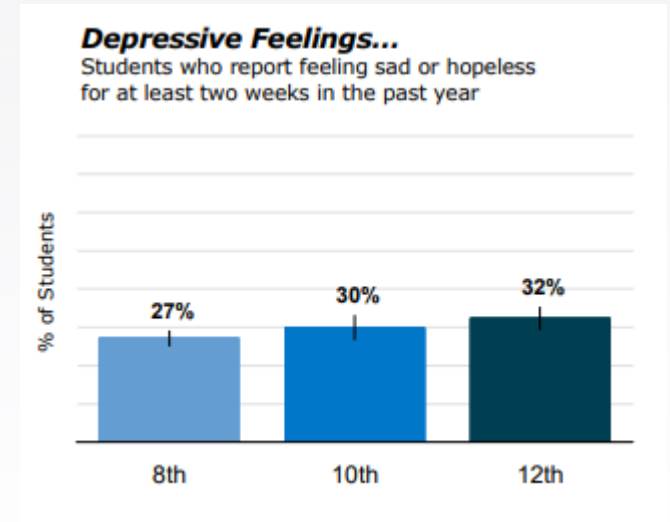
# Youth Mental Health Issues



# Common Youth Mental Health Diagnoses/Challenges

[Washington Healthy Youth Survey, 2023](#)

- Attention Deficit Hyperactivity Disorder (ADHD)
- Anxiety
- Depression
- Suicidal ideation or attempt
- Autism spectrum disorder and/or intellectual developmental disability
- Eating disorder
- Psychosis

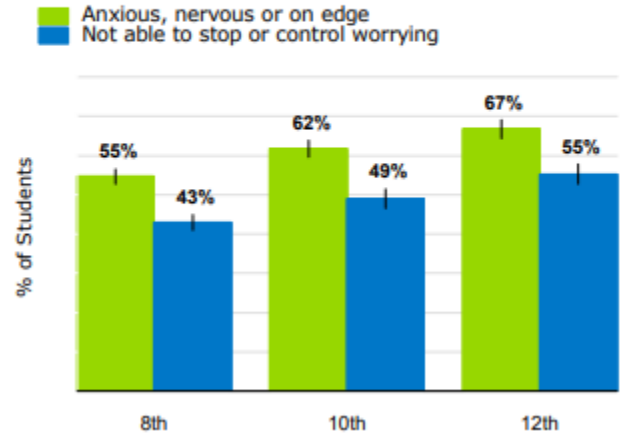


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[Washington Healthy Youth Survey, 2023](#)

**Feeling Anxious and not able to Stop Worrying...**  
Students who report feeling nervous, anxious or over the edge or not being able to stop or control worrying in the past 2 weeks



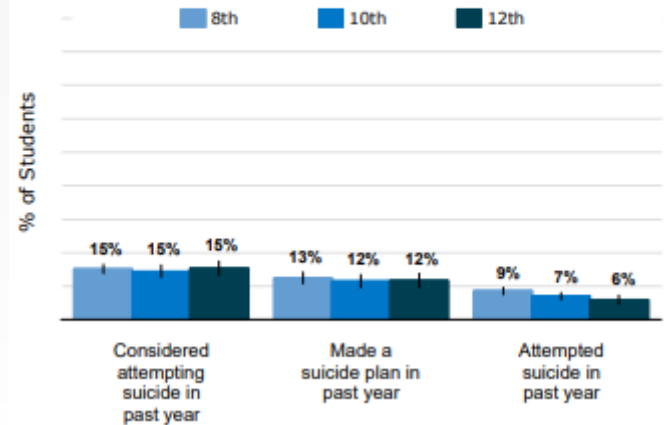
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[Washington Healthy Youth Survey, 2023](#)

## ***Suicidal Feelings and Actions...***

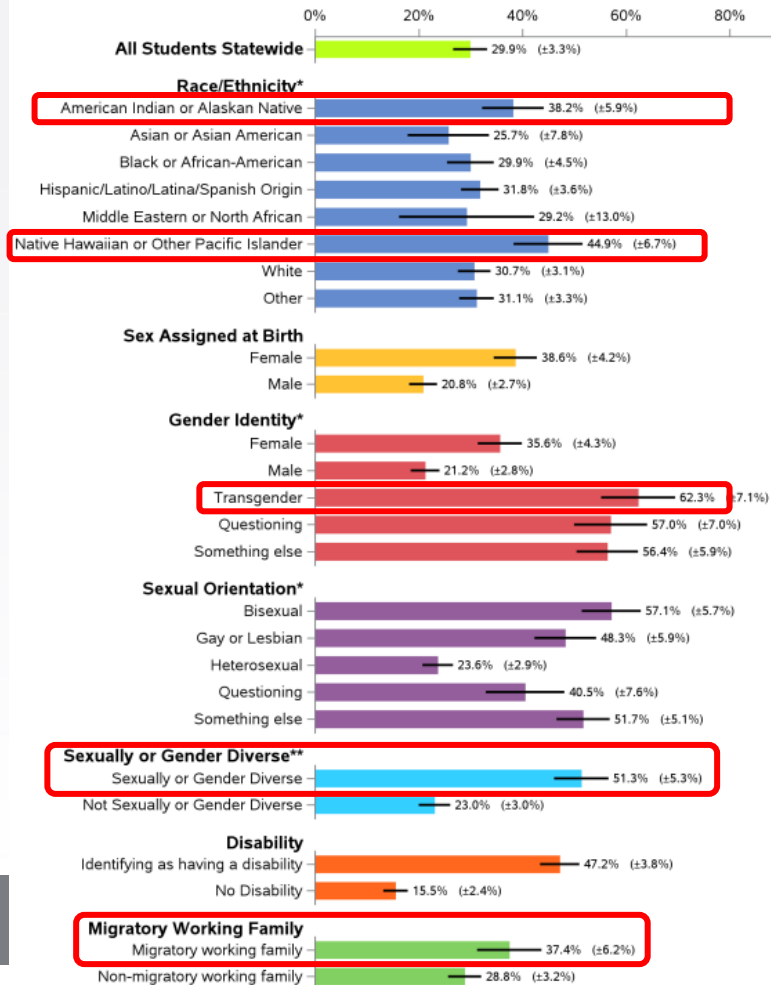
Students who report considering suicide, making a suicide plan, and attempting suicide in the past year



# Youth Mental Health by Demographics

- Relationship between feeling sad/hopeless and demographics
- 10<sup>th</sup> graders in Washington State
- There are specific populations of youth more at risk for depression (and likely anxiety as well as suicidal ideation)
- This can give us an indication of who we should be providing extra support or attention to – **what's our role?**
- Each of these populations has strengths and unique protective factors too!

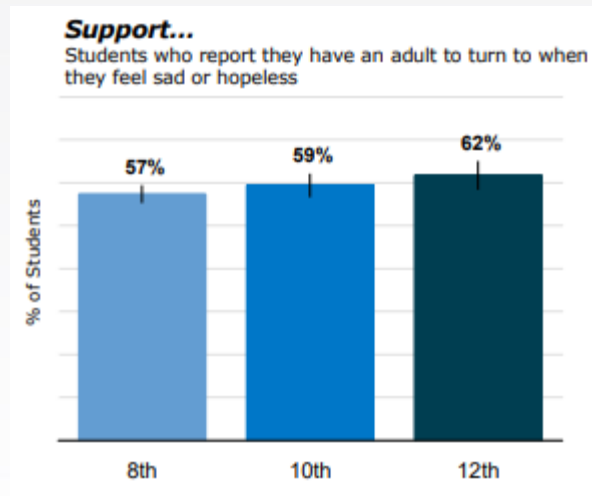
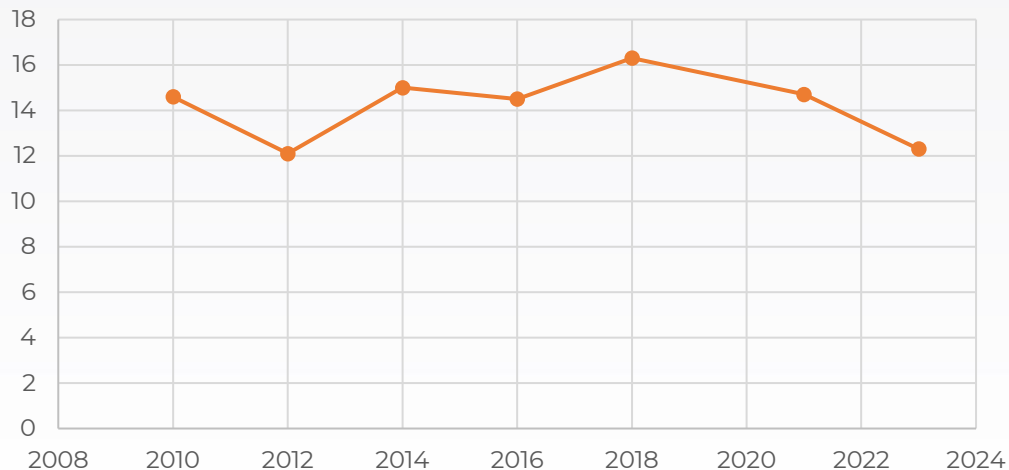
## Statewide Relationship between Feeling Sad or Hopeless and Demographics, Grade 10, 2023



# The Role of Adults

- Do youth feel like they have adults they can turn to when they feel sad or hopeless?

Percent of 10th Grade Students with No One to Turn to if Depressed



[Washington Healthy Youth Survey, 2023](#)

# Youth “Specific” Presentations/Symptoms

- Attention Deficit Hyperactivity Disorder (ADHD)
  - Oppositional
  - Impulse control issues
  - Impacts ability to do a range of activities
- Anxiety
  - Stomach aches/GI symptoms
  - Inattention
- Depression
  - Irritability
  - Sleep disturbances (more, less, odd times)
  - Change in preferred/enjoyable activities

\*Note: these are just a few signs you might uniquely see in youth. This is not a comprehensive overview of any of these diagnoses.

Please consider using this list as a way to learn more about these diagnoses/disorders and how they present in children and teens!

Diagnosable if it impacts daily living

# Youth “Specific” Presentations/Symptoms

- Suicidal ideation / thoughts of suicide
  - Giving away valuable items
  - Talking about death/dying
  - Self harm
- Eating disorder
  - Restrictive eating, calorie counting, significant change in diet without reason
  - Overexercising to the point of injury
- Psychosis
  - Reacting to things others don’t see or hear
  - Paranoia or fear
  - Inattention

\*Note: these are just a few signs you might uniquely see in youth. This is not a comprehensive overview of any of these diagnoses.

Please consider using this list as a way to learn more about these diagnoses/disorders and how they present in children and teens!

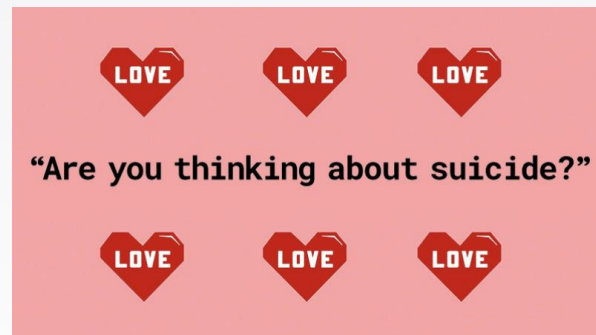
Learn More: [Seattle Children’s Mental Health Resource Hub](#) or sign up for a [Youth Mental Health First Aid Class](#)

# Youth Considerations

- Social media plays a role in how youth communicate about their struggles.
- COVID had a big impact on social & in-person connection.
- As children become teens, the role of peers becomes more important to them and familial caregivers can take a backseat.
- There are warning signs for suicide – it doesn't mean they're visible to everyone in their life.
- Younger generations are more comfortable talking about mental health than previous generations – they also have access to more mental health info.
- A trusted adult can make a significant difference in the life of a child or youth.
- Most youth live at home with families – caregivers, parents, siblings, multi-generational family members. “A youth in crisis is a family in crisis.”

# How to Talk About Mental Health with Youth

- Adults have to get ready! Be informed.
- Be direct and kind.
- Practice & model conversations. Think about phrases that sound/feel like you (so its authentic!)
- Listen non-judgmentally
- If you're asking if they're thinking about suicide or struggling, have a response ready if they say yes (and don't panic)
- Be realistic about your role – your role might be connector to other resources, adults, services
- Give reassurance – help normalize their experiences



[Seattle Children's  
Prevent Suicide Page](#)

# Navigating Mental Health Stigma



# What is Stigma?

## Definition from the National Alliance on Mental Illness (NAMI)

- Stigma is when someone views a person in a negative way just because they have a mental health condition. Some people describe stigma as a feeling of shame or judgement from someone else. Stigma can even come from an internal place, confusing feeling bad with being bad.

<https://namica.org/what-is-mental-illness/reducing-stigma/>



<https://www.tn.gov/behavioral-health/stigma.html>

# Ways that Stigma Shows Up

Mental health stigma refers to the negative attitudes, beliefs, and stereotypes that society holds about individuals who experience mental health conditions. It is a form of social discrimination and prejudice that can lead to various negative consequences for those affected by mental health issues. Stigma can manifest in different ways, such as:

- 1. Public Perception:** Stigmatizing attitudes often lead to misconceptions about mental health conditions, viewing them as personal weaknesses or character flaws rather than legitimate medical conditions.
- 2. Labeling:** People with mental health conditions may be unfairly labeled or defined solely by their condition, reducing their identity and potential to the challenges they face.
- 3. Social Isolation:** Stigma can result in social isolation, as individuals with mental health conditions may be avoided or excluded due to fear or misunderstanding.
- 4. Discrimination:** Stigmatization can lead to discriminatory behavior in various aspects of life, including employment, education, housing, and relationships.
- 5. Self-Stigma:** People who experience mental health conditions may internalize the negative stereotypes and beliefs, leading to reduced self-esteem and reluctance to seek help.
- 6. Barriers to Treatment:** Stigma can discourage individuals from seeking professional help or treatment, leading to delayed or inadequate care, which can worsen their condition.

# Stigma & Youth Mental Health

- Why might people have mental health stigma?
- There can be generational differences in mental health stigma - we now have social-emotional learning (SEL) in many schools, mental health awareness curricula, suicide prevention initiatives etc.
- There can be varying perceptions of mental health and mental illness across cultures and religions.
- The double-edged sword of a label/diagnosis: it can be stigmatizing and it can also be necessary (make you eligible for services)

# Reducing Stigma: Language Matters!

Commonly Used Terms	A Less Stigmatizing Choice	Why it Matters
The Mentally Ill	People with Mental Illness, People with Lived Experience of Mental Illness	The less stigmatizing choices all use person-first language which emphasizes the person's humanity rather than the issue or diagnosis. The preferred terms emphasize that the person *has* a problem rather than *is* the problem. Terms that are less stigmatizing avoid negative thoughts or associations.
He's schizophrenic	He has a mental illness, He has schizophrenia	
Addict, User, Junkie, Drug or Substance Abuser	Person with Substance Use Disorder, Patient	
Alcoholic, Drunk	Person with Alcohol Disorder, Person who Misuses Alcohol	
Former Addict, Reformed Addict	Person in Recovery, Person who Formerly Used Drugs	
Habit	Substance Use Disorder or Drug Addiction	"Habit" undermines the seriousness of the disease and inaccurately implies that a person with a substance use disorder is choosing to use or can choose to stop.
Clean or Dirty	Testing Positive or Testing Negative	It's important to use clinically accurate, non-stigmatizing terminology the same way it would be used for other medical conditions. Also, use of such terms may evoke negative thoughts or feelings.
Commit/Committed Suicide	died by suicide, lost his/her life to suicide	"Commit" implies suicide is a sin or crime, reinforcing the stigma that it's a selfish act and personal choice.
He's low-functioning	He has a tough time taking care of himself, He is still early in his recovery journey, He has a tough time learning new things	Less stigmatizing language speaks directly to a person's individual experience.

# Ways to Reduce Stigma

**The National Alliance on Mental Illness (NAMI) has some great ideas on ways we all can break stigma around behavioral health challenges.**

- Talk openly about mental health. Social media has become a great space for positivity.
- Educate yourself and others – respond to misperceptions or negative comments by sharing facts and experiences.
- Be conscious of language – remind people that words matter.
- Encourage equality between physical and mental illness – draw comparisons to how they would treat someone with cancer or diabetes.
- Be honest about treatment – normalize mental health treatment, just like other health care treatment.
- Show compassion for those with mental illness.

# Breakout Groups

20 min

Pick the question(s) that feel most resonant for you. Please make sure everyone gets a chance to share.

- What youth mental health challenges have you observed/experienced in your work? Which one(s) do you want to learn more about?
- How has mental health stigma shown up when you are working with children and families?
- How have you successfully navigated conversations when caregivers have mental health stigma? Or anything you want to try now?





*Lunch Time!*



# Youth Mental Health Services Landscape

Reminder: A more in-depth version of this content is available via recorded class on Seattle Children's website at [Finding Mental Health Care in Washington: Where to Start.](#)



# Levels of Care

- There are different levels of mental and behavioral health care – if a child's needs increase, the intensity of the services [ideally] increases as well.
- Many children will *not* need all types of treatment.
- Not all of these levels of care are easily accessible in Washington – most have “admit criteria” and waitlists.
- We will discuss levels of care and how to access outpatient treatment.

most intense



Residential Treatment

Inpatient Hospitalization

Partial Hospitalization Programs  
(PHPs)

Intensive Outpatient Programs  
(IOPs)

Wraparound Services

Outpatient Treatment (therapy  
and/or medication management)

least intense

# Washington Consent Laws

- In WA state, youth may consent for their own mental health treatment at age 13.
  - Parent/guardian may also consent for their child between ages of 13 and 17
- Youth ages 13 and older must consent in order for a parent/guardian to have access to their mental health records. Regardless, there are some things a provider can share with parent/guardians.
  - Immediate safety concerns – if your child has a plan to hurt themselves or someone else
  - May share info about crisis and safety planning
  - Diagnosis and recommendations for treatment, including medicines, and progress in treatment
  - Changes parents can make to support their child, including referrals for other services



# Outpatient Mental Health Resources



# What is Outpatient Treatment?

- Outpatient care typically consists of 1 to 2 therapy appointments per week (can be less depending on your need)
  - Sometimes includes 1 to 2 visits per month with a medicine prescriber
- Therapy can be provided by:
  - Licensed masters level therapist (LICSW/LCSW, LMFT, MHT, LMHC)
  - Clinical Psychologists (PhD, PsyD)
- Psychiatric medicine management can be provided by:
  - Primary Care Provider (PCP)
  - Partnership Access Line (PAL): PCP's can speak with a psychiatrist at Seattle Children's for guidance prescribing psychiatric medications
  - Psychiatric Advanced Practice Provider (APP, ARNP, FPMHNP, DNP, PA)
  - Psychiatrist (MD, DO)

# What to Look for In a Provider

- Has specialized training in work with children and adolescents.
  - Has experience in treating your child's concern or are supervised by someone with that experience.
  - \*Includes parents/caregivers in treatment.
- Uses a treatment approach that has been shown to work for the presenting problem (also called evidence-based treatment).
  - Uses standardized measures to help make diagnosis and show treatment progress.
  - Starts with an evaluation to guide treatment plan.
- Has someone who can help when they are away.

**Once you find a therapist or counselor, it can take some time to know if they are a good fit for your child or teen. Go to 3 or 4 visits before deciding if this is someone you both feel they can make progress with.**

# Seeking Care within Your Insurance Network



# Medicaid vs. Commercial Insurance

Your search will depend on what insurance you have and where you live.

If you have Medicaid, you will typically access care at a community behavioral health agency (BHA).

Some providers outside of BHAs accept some Medicaid Managed Care Organizations (MCOs).

If you have commercial insurance, you will need a list of providers who are “in network” with your insurance company.

Many providers will be "out of network" - the provider will bill your insurance, but it will be reimbursed at a lower rate.

Contact your insurance company to understand your out-of-network benefits.

Some providers offer only private/self-pay, which means they don't accept insurance. You will be responsible for seeking reimbursement from your insurance company.

Some providers offer a sliding scale.

# Seeking Care through Medicaid



# MCOs

- Managed Care Organizations (MCOs) provide all mental and behavioral health services for people who have Medicaid.
  - Represents the Medicaid plan you have – your MCO is basically your Medicaid insurance plan.
  - Barriers in access to specialty care and higher level of care
- MCOs contract with behavioral health agencies (BHA) by county to provide mental health and substance use services.
- MCO availability varies by service range and county.

## Health plans offered

AMG – Amerigroup Washington  
CCW – Coordinated Care of Washington  
CHPW – Community Health Plan of Washington  
MHW – Molina Healthcare of Washington  
UHC – UnitedHealthcare Community Plan

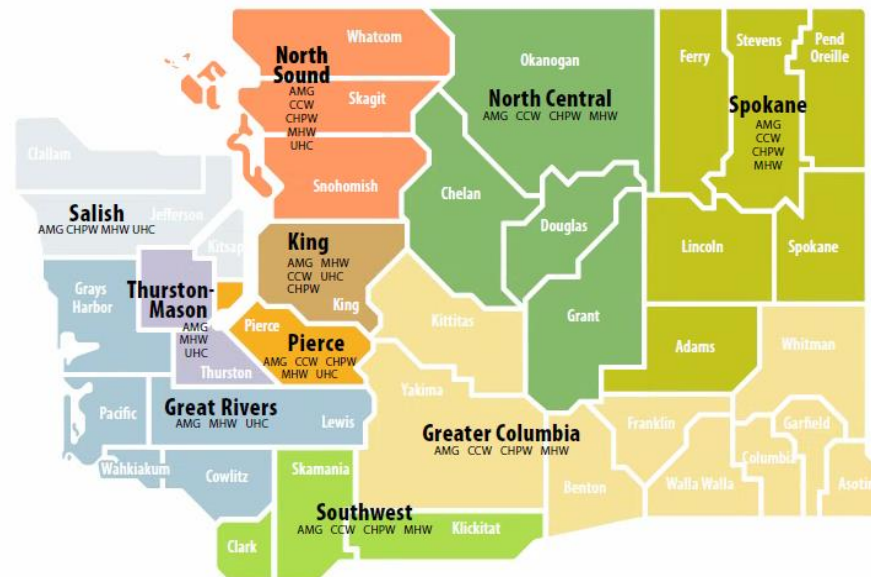
## Integrated managed care regions

Greater Columbia	Thurston-Mason
King	Salish
North Sound	Great Rivers
Pierce	Southwest Washington
Spokane	North Central

 Apple Health Foster Care (statewide)\*

## Apple Health managed care

Service area map - July 2021



# Finding a Behavioral Health Agency

- The Department of Health website has a full directory of agencies by county
  - [www.doh.wa.gov/LicensesPermitsandCertificates/FacilitiesNewReneworUpdate/BehavioralHealthAgencies](http://www.doh.wa.gov/LicensesPermitsandCertificates/FacilitiesNewReneworUpdate/BehavioralHealthAgencies)
- Each MCO also has their own provider directory

Medicaid Managed Care Organization	Provider Directory
Amerigroup	<a href="http://www.amerigroup.com/">http://www.amerigroup.com/</a>
CHPW	<a href="http://www.chpw.org/">http://www.chpw.org/</a>
Coordinated Care	<a href="https://providersearch.coordinatedcarehealth.com/">https://providersearch.coordinatedcarehealth.com/</a>
Molina	<a href="https://providersearch.molinahealthcare.com/">https://providersearch.molinahealthcare.com/</a>
United Healthcare Community Plan	<a href="https://connect.werally.com/behavioralProvider/root?showBackButton=true">https://connect.werally.com/behavioralProvider/root?showBackButton=true</a>

- There are providers outside of BHAs that contract with Medicaid.
  - Make sure they are in network with your specific MCO.

# How to Get Started

## How do I initiate services?

- The first step is to **schedule an intake**. Different agencies and locations may have different processes and these processes change over time.
  - **Contact the agency you're interested in to inquire about their specific intake process.**
  - Information is also sometimes available on the agency web page.
- An intake usually lasts 2 to 3 hours.
- The goal is to do an assessment of presenting concerns and needs in order to pair your child with a well-suited provider.
- **In most cases, the intake clinician will not be the provider of ongoing therapy.**

# Things to think about when picking a BHA

- What additional services might my child need?
  - If your child needs medication management, substance use treatment, or wraparound services, those can only be accessed at BHAs if you also have a therapist there.
  - **CHWs – get to know what's at the different BHAs!**
- What language of care do I need or does my child need?
- What are my child's diagnoses?
- What supports do I need in connecting to other services?
- What's close to my home or easy for me to access? Where do I feel comfortable?

# Once You're Enrolled

- The BHA will become your go-to for connection to services.
- If needed, your therapist can refer you to additional services within the BHA:
  - Group treatment
  - Medicine management
- Your therapist can also assist with referring out of agency for services not available within the BHA.
- Some MCOs also have case management services that can assist with seeking additional resources.

# Seeking Care through Commercial Insurance



# Tools for a Provider Search

- Psychology Today at [psychologytoday.com](https://www.psychologytoday.com)
- Insurance websites
- Insurance case managers
- Kaiser Permanente Washington
- Multicultural counselors
- Washington's Mental Health Referral Service for Children and Teens

# Psychology Today

- Public search engine to find therapists, psychiatrists, programs and groups
  - Most effective in searching for therapists and psychiatrists
- Can filter by location (zip code), insurance, age and approach or diagnosis
- View profile and then visit website for up-to-date contact
  - Can also lead to group practice websites which provides more options
- Better filter options and can verify coverage through insurance sites/calling

# Insurance Websites

- Insurance websites can be used to search for in-network providers or reach out directly to them for a list
- Variable efficiency in going this route
  - Some sites allow to filter by child/adolescent providers while others do not
  - Often will show providers who work for a big organization (i.e. Seattle Children's) as individual providers
  - Can utilize phone numbers and emails listed to check availability

# Insurance Case Managers

- Some insurance plans offer case management services to their families
  - Can call to request this if needing help to find an in-network provider
  - Helpful if seeking a higher level of care, specialty care, or out of network services
  - Will do a search of in-network providers for you based on your plan and provider preferences
  - Mostly accessible through Premera & Regence
- Some have a team of “care coordinators” rather than an assigned case manager
  - Better for one time assistance than ongoing support

# Kaiser Permanente Washington

- Kaiser offers integrated managed care; they aim to offer all care under one roof, which can be limiting for mental health services
  - PPO plans can see providers outside of Kaiser covered at an in-network rate
- Contact Kaiser Behavioral Health for assistance in accessing services; 888-287-2680
  - Inquire about out of network benefits

# Multicultural Counselors

- Directory of counselors searchable by ethnicity, religion, language, and location
- This from their website: The Washington Counselors of Color Network serves an array of ethnic clients needing counseling and therapy from providers who understand the specific needs of people of color and various cultures. As licensed therapists and counselors, we have a variety of backgrounds, experiences, ethnicities and language skills needed to assist many ethnicities in Washington.
- [www.multiculturalcounselors.org](http://www.multiculturalcounselors.org)

# WA Mental Health Referral Service

- Resource through SCH to support children & teens 17 and under in getting connected to outpatient therapy, psychiatry, or evaluation resources
  - Explores resources outside of SCH
- Begin by doing a phone intake to collect info on what is needed/what the family is looking for
- Typically try to find at least 2-3 options for providers, which are emailed out to families
- One follow up call is conducted to inquire if the family was able to schedule
- **Not case management support**
- Accessed by phone at 833-303-5437 or on the web at <https://www.seattlechildrens.org/clinics/washington-mental-health-referral-service/>



# Crisis Services



# What is a Crisis?

- The child is a risk to themselves
  - Talking about hurting or killing themselves
  - Harming themselves on purpose
- The child is a risk to others
  - Talking about hurting or killing someone
  - Verbal or physical aggression
  - Property destruction
- You have reason to be concerned and the child is not being forthcoming about how they are doing or is unable to make a plan to stay safe
- The child cannot care for themselves compared to their usual functioning
- The parent or caregiver is concerned they cannot keep the child safe at home

# What to do in a Crisis

**What is your role?  
Where do you need to  
loop in others?**

- Call a crisis line
  - Each county has its own 24/7 crisis line available to youth and adults
  - Some counties have additional crisis services available including mobile response teams specifically for youth
- Call or text 988 for Suicide and Crisis Lifeline
  - Trained crisis responder will talk through the crisis and discuss next steps
  - This is the new number for the National Suicide Prevention Lifeline and it will connect the caller to a local crisis call center.
- Call 911 only if emergent response is necessary – requires active medical rescue, immediate transport to the emergency room, or active criminal behavior or violence.
  - Clearly state this is a behavioral health crisis in objective language.
- Have the parent take the child to the nearest emergency room.
- Schedule an urgent visit with the child's primary care provider and/or therapist.



# What to expect during an ED visit

- Mental health evaluation or assessment
  - This assessment determines if the child needs to be admitted to an inpatient psychiatric unit or can be discharged home.
  - Families often come expecting more care/support from the ED, so helping set these expectations is meaningful!
- Safety planning – typically includes a crisis prevention plan and education about safety proofing the home environment.
- Disposition planning – the next step in care.
- **\*IF** it's determined that an inpatient admission is needed:
  - Mental health evaluator or social worker will make a referral, if necessary
  - Some facilities accept parent referrals

# Pause

- We've provided a lot of information
- The journey of finding mental health services is often a marathon, not a sprint.
- Take good care of yourself in the marathon!

 *Resources for Family Mental Health – WA State*



# Supporting Families on Mental Health Waitlists

1. Ensuring families know some “best practices” for being on waitlists.
2. Preparing the family for their first mental health appointment
3. Supporting the family in accessing concrete needs and other community resources/supports



# Waitlist “Best Practices”

**First, know your role in finding a provider for the child.**

You (probably) should **not** be:

- Providing a diagnosis.
- Recommending a specific therapeutic intervention.
- Recommending a specific provider.

You **might** be:

- Responsible for locating a provider and connecting a family.
- Helping a family track the providers they’ve reached out to.

# Waitlist “Best Practices”

**Establish a consistent follow-up plan** based on availability.

When referring or requesting services:

1. They may have immediate availability or opening – schedule immediately
2. They may have no openings but run with a waitlist – get on the waitlist!
3. They may have no openings and don’t keep a waitlist – keep on your list to routinely follow up.
4. They may hear a bit about the child and deny for clinical reasons – not worth it to follow up here.

# Waitlist “Best Practices”

With BHA’s it’s often easiest to communicate by phone.

- Have a point of contact with as many agencies as possible such as name and number with extension

For individual providers, it’s often easiest to communicate by email.

- Have an email template available to send multiple emails

Encourage parents to schedule follow up time intentionally.

# Preparing for the First Appointment

As a CHW, learn what community BHA's are in your community.

- Ask what's needed for the first appointment (insurance card, photo ID for patient and parent?)
- Ask about their intake process
- Ask about any intake paperwork

Encourage families to be as honest as possible on this paperwork.

It can be uncomfortable to share personal details about your child's behaviors or symptoms with a 'stranger' but the more information the provider has, the better set up they are to help the caregiver and child!

# Preparing for the First Appointment

## Normalize Mental Health Appointments!

- Some families and children may feel nervous or uncomfortable in their first appointment or first few appointments.
- “Find a therapist who is a good fit” – plan to go 3-4 times to get used to it, then see how you feel.
- It takes time to see results from therapy! The first few appointments build trust and rapport, getting to know each other, and making a treatment plan.
- You know your community! Speak with families about how you can best help them feel more comfortable.

# Preparing for the First Appointment

Encourage families to come prepared:

- What are your goals for therapy?
- What do you want to work on?

Empower families to ask questions:

- How do you partner with families?
- How do you create a treatment plan?
- Who do we reach out to if we experience a crisis?

# Preparing for the First Appointment

## Logistical Preparation:

- **Transportation:** does the family have a plan for how to get to the appointment? What resources are necessary to get them to the appointment? This is a great place for CHWs to support families in accessing transportation supports, mapping out a bus route, etc.
- **Building Entry:** some providers may work in offices with numeric codes on the door – make sure families/caregivers have that code written down or accessible when they go to the appointment.

# Resources While Waiting

Waiting for necessary mental health care is stressful! CHWs can support families by providing resources for the wait:

- Concrete needs resources – assistance with food, housing, rent, transportation?
- Caring for a child with a mental health issue can be a lonely or isolating experience for caregivers and families. **Are there support groups they can join?** Are there friends or family who can make a plan to be more supportive of this family/caregiver while they're on waitlists for care?
- The child themselves may lack healthy social connections and friendships that would support them in having positive interactions. **Are there mentorship groups, activity programs, or community groups to connect them with?**

# Crisis Resources

Provide families with crisis hotlines.

Educate on 988 as new National Suicide Prevention Lifeline.

Consider talking with families about crisis resources:

- Have crisis lines programmed in your phone before there's a crisis.
- Who are your resources if you're in crisis? PCP? School? 988? ER?

# Pause

- We've covered a lot.
- Encourage self-care for families.
- Take good care of **YOURSELF** too!



# Breakout Groups

20 min. Please make sure everyone in your group gets a chance to share.

## **Using your scenarios, discuss:**

- Is the child in crisis? If so, what are your next steps within your role?
- If they need mental health services, what is your role in that process?  
(Are you responsible for finding the services? Is it your role to help families understand the process? Who are your resources if you hit barriers?)
- What are some of the ways you can support families who are awaiting mental health care?
- How would you approach conversations with families?

*Plan to share out with large group!*



# Scenario 1

- You're talking with a parent who shares "my 10 year old has been going to the school nurse's office like 3 times a week because of stomach aches and we've talked to the doctor and they said this could be anxiety. That doesn't make sense. Why would her stomach be hurting if she's just anxious?"
- *How might you respond and what might you suggest for this parent?*
- She also shares: "The doctor gave me this list of therapists but none of them see kids under 13. What do I do? My kid won't stay in class all day because her stomach hurts. She's going to fall behind in school."
- *With this info, does your response or action change? What would you suggest now?*



## Scenario 2

- You're talking with a parent who shares that their teenager used to love soccer but had an ankle injury recently and has not been able to play. The teen has started sleeping more and has become more irritable and withdrawn. Their soccer coach noted that the teen isn't seeming like themselves at practice while they are sitting on the sidelines; in talking with the parent, the coach suggested these might be signs of depression. The parent has called a couple places to find a therapist, but everyone has a waitlist.
- *How might you respond and what might you suggest for this parent?*
- The parent says they know they should ask the teen if they're thinking about suicide, but they feel really nervous about asking "what if they say yes?"
- *With this info, does your response or action change? What would you suggest now?*



# Scenario 3

- You're talking with a high school junior (16 almost 17 y/o) who shares that they just went through a big friend breakup and are feeling lonely; they share that things feel pretty hopeless. They sort of asked their parents if they can see a therapist but parents shut it down pretty quickly so they don't know who to talk to for help.
- *How might you respond and what might you suggest for this teen?*
- In talking with the teen longer, they share that they have been having thoughts of suicide but quickly share they don't plan to act on it.
- *With this info, does your response or action change? What would you suggest now?*



# Thank You!

## Question & Answer / Discussion





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