

# KSKidsMAP

Pediatric Mental Health

## Statement of Need

Many youth identified as at risk or diagnosed with a mental disorder as defined by Diagnostic and Statistical Manual of Mental Disorders 5<sup>th</sup> Edition (DSM-5)<sup>1</sup>, receive no treatment. Those who receive treatment often experience long waits to access care.<sup>2,3</sup> Wait times to see a mental health specialist can be three months to a year.<sup>4,5</sup> Just over 10% of U.S youth receive any treatment from a mental health professional, far fewer than the number living with a mental disorder.<sup>6</sup>

Youth who do not receive effective treatment for their mental disorders are significantly disadvantaged compared to their healthy peers.

- Mental disorders interfere with academic and social activities.
- Youth with mental disorders have lower grades and are less likely to graduate high school or to be college or work ready.<sup>7,8</sup>
- Without effective management prognosis in adult life is worse.
- Delayed diagnosis and inadequate treatment lead to increased disability and poorer functioning in adulthood with
  - higher likelihood of un/under employment,
  - higher risk of incarceration,
  - higher health care costs for both mental and physical health.<sup>9</sup>
  - shorter life expectancy.<sup>10</sup>



Kansas youth report experiencing depression and suicidal thoughts at a rate **above the national average** (42.9 and 36.7, respectively).<sup>11</sup>

<sup>1</sup>American Psychiatric Association. (2013). *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.). <https://doi.org/10.1176/appi.books.9780890425596>

<sup>2</sup>Henry J. Kaiser Family Foundation (KFF). (2018). Percent of Children (ages 3-17) Who Receive Any Treatment or Counseling from a Mental Health Professional. Retrieved from <https://www.kff.org/other/state-indicator/child-access-to-mental-health-care/?currentTimeframe=0&sortModel=%7B%22colld%22:%22Location%22,%22sort%22:%22asc%22%7D>

<sup>3</sup>Mentalhealth.gov. (2017). Mental Health Myths and Facts. Retrieved from <https://www.mentalhealth.gov/basics/mental-health-myths-facts>

<sup>4</sup>Sullivan, K., George, P., & Horowitz, K. (2021). Addressing National Workforce Shortage by Funding Child Psychiatry Access Programs. *Pediatrics*, 147(1): e20194012. <https://doi.org/10.1542/peds.2019-4012>

<sup>5</sup>Steinman, KJ., Shoben, AB., Dembe, AE., Kelleher, KJ. (2015). How long do adolescents wait for psychiatry appointments? *Community Mental Health Journal*, 52(7): 782-789.

<sup>6</sup>KFF (2018). Percent of Children (ages 3-17) Who Receive Any Treatment or Counseling from a Mental Health Professional.

<sup>7</sup>Fergusson, D. M., McLeod, G. F., & Horwood, L. J. (2015). Leaving school without qualifications and mental health problems to age 30. *Social psychiatry and psychiatric epidemiology*, 50(3), 469–478. <https://doi.org/10.1007/s00127-014-0971-4>

<sup>8</sup>Dalsgaard, S., McGrath, J., Ostergaard SD., et al (2018). Association of Mental Disorder in Childhood and Adolescence with Subsequent Educational Achievement. *JAMA Psychiatry*, 1;77(8):797-805. <https://www.doi.org/10.1001/jamapsychiatry.2020.0217>

<sup>9</sup>Patton GC., Coffey, C., Romaniuk, H., et al (2014). The Prognosis of Common Mental Disorders in Adolescents: a 14-year Prospective Cohort Study. *Lancet*, 19;383(9926)1404-11. [https://doi.org/10.1016/S0140-6736\(13\)62116-9](https://doi.org/10.1016/S0140-6736(13)62116-9)

<sup>10</sup>Rehm, J., Shield KD. (2019) Global Burden of Disease and the Impact of Mental and Addictive Disorders. *Curr Psychiatry Rep* 7;21(2):10. <https://doi.org/10.1007/s11920-019-0997-0>

<sup>11</sup>Kansas Communities That Care (2020-2021). Depression/Suicide Supplementary Report. <https://drive.google.com/file/d/14753Kq1TWARB-mkRihKGdQkawuF17nAU/view>



**Kyle** is a preschooler living with his mother, father and big brother. He has a diagnosis of attention deficit hyperactive disorder (ADHD) manifested by hyperactivity and difficulty staying on task and following directions. He has also been aggressive and defiant at times. Kyle has speech delay, difficulty communicating, poor sleep, and is not yet toilet trained. He also struggles with significant separation anxiety. Kyle's older brother had similar issues that greatly improved once he started school. The family has many barriers to accessing care including financial hardship, low educational attainment, and rural geography. **Mom has strongly advocated for services for Kyle and is compliant with his appointments.** He receives play therapy through the Community Mental Health Center, but mom does not think this has been beneficial for Kyle. He also receives speech therapy through the school district. Mom is concerned because **the school has recommended that Kyle be placed in an alternative Kindergarten program.**



**Kyle and his mom have a strong relationship with his primary care pediatrician (PCP), Dr. Smith.** Dr. Smith is concerned that in addition to Kyle's ADHD and separation anxiety, he may also meet criteria for Autism Spectrum Disorder. Dr. Smith is also concerned about the appropriateness of an alternative Kindergarten for Kyle. Unfortunately, Kyle does not have access to an Autism specialist in his area and Dr. Smith is not comfortable making that diagnosis. **Without the appropriate diagnosis, Kyle will not receive the appropriate accommodations for his disability** in school and this may lead to further disparity as he grows.

*Child and physician names have been changed and cases combined for privacy.*



## **Kansas has a severe shortage of pediatric mental health experts.**

To meet the needs of children in our state who are **severely impaired** from mental illness, **we need nearly 400 child and adolescent psychiatrists.**

**Kansas has 60.**

Fewer than 10 are located outside the Northeastern region of the state.<sup>12</sup>



**Emma**, a 4<sup>th</sup> grader, is active in gymnastics and loves her puppy, Spike, that the family recently adopted. She sees her PCP regularly for well care but missed her last well check due to the COVID-19 pandemic. Her PCP, Dr. Salmeron, is seeing her today, and mom mentions that **Emma has had a hard time separating from mom** since in-person school restarted. Mom also notes that she is having more behavioral outbursts. Upon review of her medical history, Dr. Salmeron finds that Emma has frequent stomachaches – especially on Sundays as school approaches Monday. In fact, **Emma, has missed several days of school this semester**, often on Mondays. When she does not miss school, Emma often ends up visiting the school nurse with complaints of abdominal pain. **Emma has a hard time falling asleep at night** and wants mom to be with her. The family has experienced significant stressors over the course of the pandemic as **Emma’s maternal grandmother passed away from COVID and mom and dad recently separated**. Mom remembers before the pandemic, that Emma was a happy kid, loving school and excited to see her friends. Since the transition back to in-person school, Emma has been more reserved and has had a difficult time with school drop offs. Mom is concerned that she has not adjusted well to the return to normal activities.

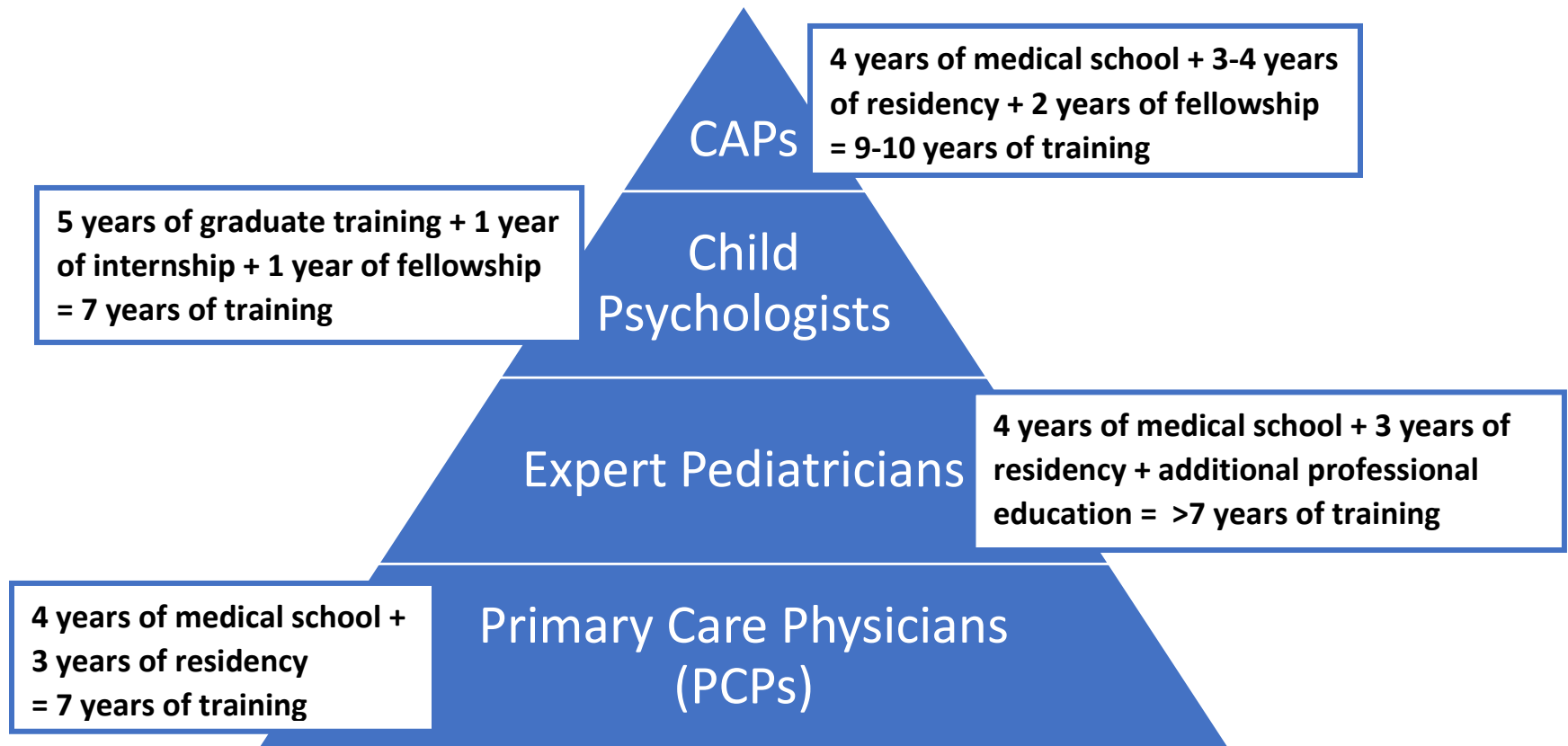


Dr. Salmeron calls KSKidsMAP looking for resources to help mom with separation anxiety and family support. She says she has seen **an exponential increase in mental illness in kids since the pandemic**, including kids like Emma struggling with separation anxiety. Her office does not have access to a social worker and resources for therapy are limited in her town.

**“The family has experienced significant stressors over the course of the pandemic...”**

*Child and physician names have been changed and cases combined for privacy.*

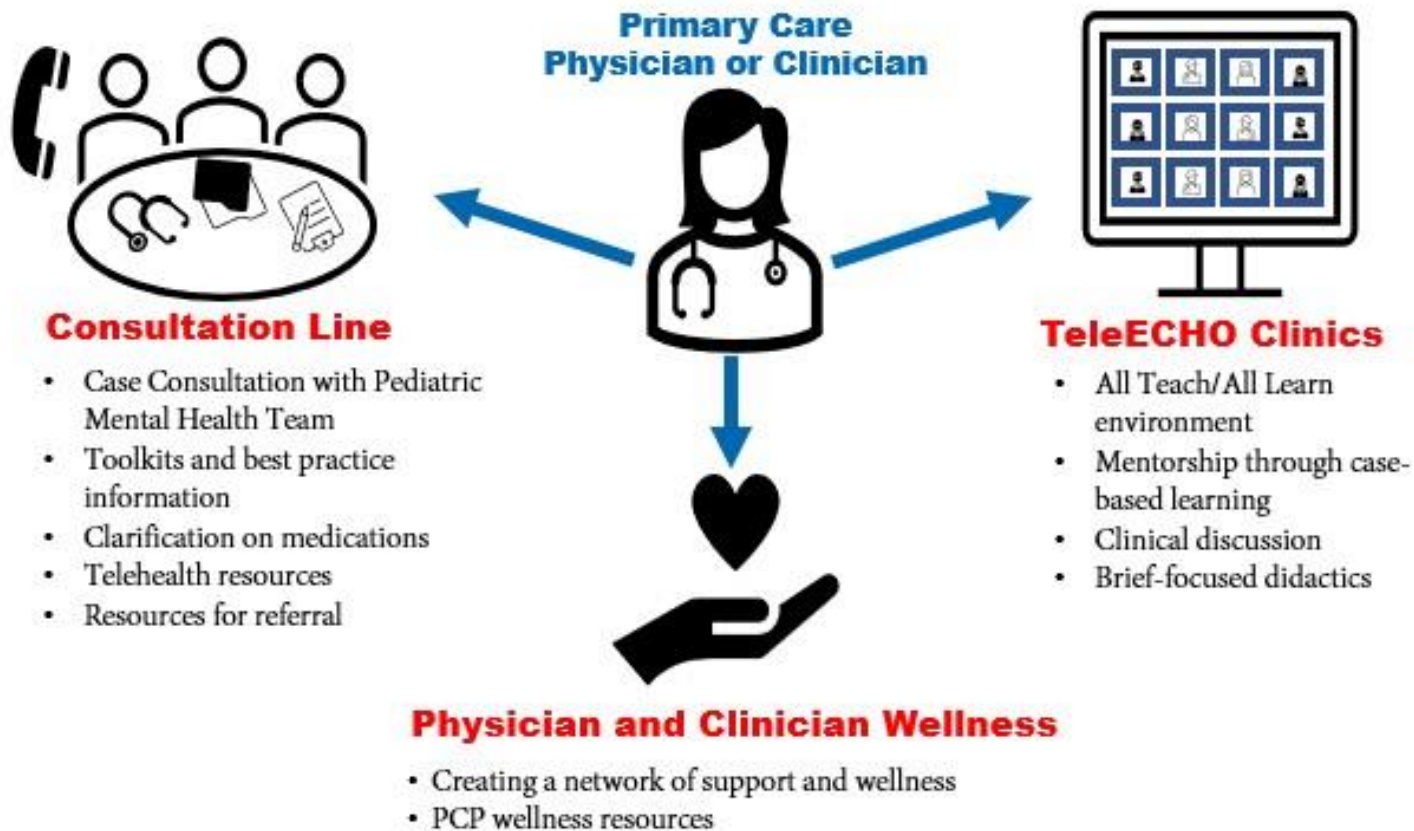
## It takes time to train an expert.



**Kansas graduates three or four  
Child and Adolescent Psychiatrists (CAPs) each year.**

## KSKidsMAP equips PCPs to step into the void.

### Expert Support for Primary Care Physicians and Clinicians





**Andy** was a **thriving** 17-year-old **varsity basketball player**. He was active in student council and a straight A student with aspirations of becoming a physical therapist. Andy and his father had a strong relationship and enjoyed several weekend hunting and fishing trips. After breaking up with his girlfriend of 6 months, Andy's father noticed he became more withdrawn from the family and his grades started to drop. He was suspended from the basketball team due to poor grades and truancy. **Dad is frustrated because of Andy's behavior change.** Dad brought Andy to see his PCP, Dr. Jones, asking for a drug test. Dr. Jones spoke with Andy privately and Andy disclosed that **he had been feeling more irritable, tired, and had little motivation.** Andy is drinking more – no longer just with friends on the weekends but now he is also drinking alone in his room during the week. Without this, **he has a hard time falling asleep.** He denied other substance use. Dr. Jones had Andy complete a depression screen, which was significantly positive. Dr. Jones called KSKidsMAP with concerns about Andy's depression, how to disclose concerns to Andy's father, and Andy's overall safety.

Dr. Jones calls KSKidsMAP to follow-up on Andy. He is very concerned because Andy disclosed that **he has had frequent thoughts of death.** Dr. Jones asked if Andy had a plan for suicide, and Andy replied, **"it wouldn't be very hard, I know where we keep the guns."** Dr. Jones is heartbroken for Andy and his family as he has cared for Andy and his siblings since they were born. In addition, Dr. Jones recently lost a young adult patient to suicide. **Dr. Jones needs support for himself in order to effectively support Andy and his family in developing a safety plan.**

*Child and physician names have been changed and cases combined for privacy.*





**Our medical community needs support.**

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***76% OF HEALTH CARE WORKERS ARE  
EXHAUSTED OR BURNED OUT***

***69% HAVE FEELINGS OF DEPRESSION***

***13% HAVE HAD THOUGHTS OF SUICIDE***<sup>13</sup>

**KSKidsMAP provides wellness resources.**

<sup>13</sup> National Institute for Health Care Management (NIHCM). (2021). Physician Burnout & Moral Injury: The Hidden Health Care Crisis. NIHCM Foundation. Washington, DC. Retrieved from [https://nihcm.org/publications/physician-burnout-suicide-the-hidden-health-care-crisis?utm\\_source=NIHCM+Foundation&utm\\_campaign=feebfc4834-03222021\\_Physician\\_Burnout\\_Infographic&utm\\_medium=email&utm\\_term=0\\_6f88de9846-feebfc4834-167760896](https://nihcm.org/publications/physician-burnout-suicide-the-hidden-health-care-crisis?utm_source=NIHCM+Foundation&utm_campaign=feebfc4834-03222021_Physician_Burnout_Infographic&utm_medium=email&utm_term=0_6f88de9846-feebfc4834-167760896)



# Kansas kids need your help.

## Fund KSKidsMAP starting July 2023.\*

- ***Accelerate integration of mental health care in primary care pediatrics.***
  - KSKidsMAP currently serves primary care physicians and clinicians in 63 Kansas counties, enabling them to better integrate mental health care into the comprehensive care they offer to their patients. With continued funding, we expect to expand into additional counties and support more primary care physicians and clinicians, thus increasing access to quality psychiatric care.
- ***Address workforce challenges and shortages so children can get mental health services no matter where they live.***
  - Workforce challenges and shortages are longstanding and will take years to address as fellowship programs are developed and expanded to train experts. KSKidsMAP uses the state's limited resources at the fullest capacity to help Kansas kids now. Fundamental to the program is building capacity of the existing workforce of primary care physicians and clinicians so that children and families can access evidence-based mental health care their own medical home. As a result, the most highly trained specialists are better able to devote their time to those with more complex needs.
- ***Strengthen efforts to reduce the risk of suicide in children and adolescents.***
  - KSKidsMAP provides expert consultation and education to primary care physicians and clinicians managing patients with suicidal ideation including suicide prevention training through the Counseling on Access to Lethal Means program.

\*KSKidsMAP is a cooperative agreement between the Kansas Department of Health and Environment (KDHE) and other state and local partners. The KSKidsMAP project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$533,843.00 annually until June 30, 2023.