


Warm Line (302) 513-0929 M-F 8AM – 5PM
 **Connecting the Docs!**



**Delaware
 Child Psychiatry
 Access Program**

DCPAP | SEPTEMBER | 2020

September 2020

**SUICIDE PREVENTION
 AWARENESS MONTH**

Reach Out and Stay Connected.

Child Priority Response Hotline: 1-800-969-HELP(4357)

Crisis Text Line for Youth: Text DE to the number 741-741





National Suicide Prevention Lifeline: 1-800-273-TALK (8255)



 **Suicide In Youth Training**

Join Mark Borer, MD, DLFAPA, DFAACAP Board Certified Child and Adolescent Psychiatrist for the next training series for DCPAP on **Tuesdays October 6th and October 13th** with a focus on **Suicide In Youth With An Eye On COVID-19**. Series covers screening, diagnosis, medication management and treatment planning. Each 1 hour session includes didactic presentation. **Share a case query for real time sample consultation during training session. Free CME credits.** Register via e-mail at DSCYF_DCPAP@delaware.gov.

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2020 Training Session Calendar:

Bipolar Disorder 11/10 & 11/17
Trauma & PTSD 12/4 & 12/8
Autism Spectrum Disorder in 2021!
All Zoom sessions 12:30 – 1:30 PM.

Registered Prescribers Have Question About a Patient <21

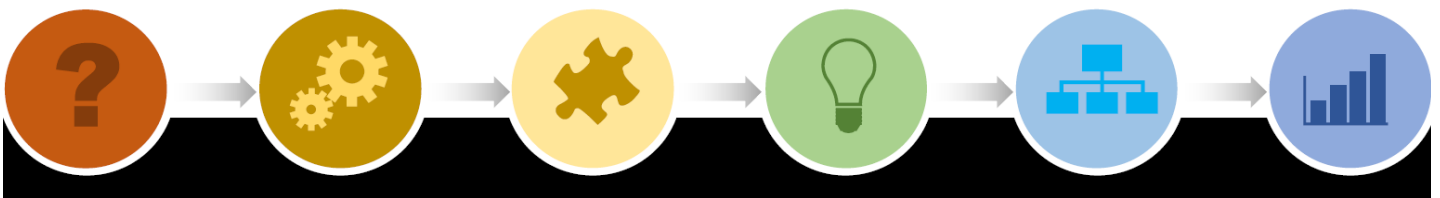
Connect with DCPAP Text/Call (302) 513-0929 M-F 8AM – 5PM

Share a Few Pieces of the Puzzle: Gender, Year of Birth, Presenting Issue(s) & Screenings Completed

Request Sent to Consulting Psychiatrist who Responds with Ideas to Treat

Behavioral Health Coordinator can Connect you with Resource Options

DCPAP Tracks Requests to Identify Future Training Needs



 **Call for Psychiatry Consultation, Resources & Referral Information!**
Program #302-513-0929 into your phone for quick access.



Suicide Prevention in the Primary Care Setting

Excerpt from <https://www.mcpap.com/Provider/SuicidePrevention.aspx>

The Role of Primary Care in Suicide Prevention:

People who die by suicide are more likely to have seen their PCP shortly before their death than any other health professional, creating a prime opportunity to intervene and save lives. PCP's can identify warning signs, engage patients in life-saving treatments, and maintain continuity of care for patients with suicide risk.

Patients who screen positive for depression should be screened for suicide risk. PCP's should also focus on patients during periods of high suicide risk, such as after a discharge from a psychiatric hospital or after an emergency room visit for deliberate self-harm. Recent evidence suggests that interventions during these high-risk periods are effective in reducing suicide deaths.

Key Components of Suicide Prevention in Primary Care

1. Learn the warning signs of youth suicide
 - Talking about or making plans for suicide
 - Expressing hopelessness about the future
 - Displaying severe/overwhelming emotional pain
 - Showing worrisome behavioral cues or marked changes in behavior, particularly in the presence of the warning signs above. Specifically significant:
 - Withdrawal from or changing in social connections/situations
 - Recent increased agitation or irritability
 - Anger or hostility that seems out of character or out of context
 - Changes in sleep (increased or decreased)
2. Develop office protocols with defined roles for all staff in the practice
 - A good resource for developing a protocol is the Suicide Prevention Toolkit for Rural Primary Care Practices: www.sprc.org/webform/primary-care-toolkit
 - In addition to using the tips from the toolkit, access MCPAP for consultation around suicide risk
 - Contact Delaware mobile crisis hotline [Child Priority Response 1-800-969-4357 under 18](https://www.childpriorityresponse.com/)
3. Implement clinical suicide prevention practices including screening, risk assessment, brief intervention, referral and follow-up
 - Screening – PHQ-9 or ASQ (Ask Suicide Screening Questions)
 - Risk Assessment – SAFE-T or Columbia Suicide Severity Rating Scale (CSSRS)
 - Brief Primary Care Intervention
 - Safety Planning <http://www.sprc.org/resources-programs/safety-planning-guide-quick-guide-clinicians>
 - Lethal Means Counseling <https://training.sprc.org/>
 - Brief Patient Education
 - Crisis Center Information [Child Priority Response 1-800-969-4357 under 18](https://www.childpriorityresponse.com/) [1-800-652-2929 18+](https://www.childpriorityresponse.com/)
 - Rapid Referral to Specialty Care
 - Follow Up

The Education Development Center's Suicide Preventer Resource Center (SPRC) Zero Suicide initiative website: <http://zerosuicide.edc.org/> - Their foundational belief is that suicide deaths for individuals under care within health and behavioral health settings are preventable.





Youth Balancing Pandemic, Social Lives & Mental Health

Excerpts From <https://delawarestatenews.net/coronavirus/childrens-social-lives-altered-during-pandemic/>



September 12, 2020 Staff Writer Brooke Schultz bschultz@newszap.com

Dr. Meghan Walls, Pediatric Psychologist with Nemours Children’s Health System and DCPAP consulting Child and Adolescent Psychiatrist, Dr. Mark Borer share perspectives on how the pandemic has changed not only the way students at all ages are learning, but drastically changing their social lives.

“It’s inevitable that there’s going to be some effect on kids and teens, just like there is on adults, from a change in social behavior — whether that’s school quarantine like we were in previously, or even now,” said Meghan Walls, pediatric psychologist at Nemours. **“There are kids and teens whose friends are being allowed to perhaps do more things and that’s going to be really tough for kids.”**

Teenagers in particular are social creatures, she added. They go to class, work after school, take part in sports and extracurriculars, spend time with friends. **“That’s purposeful. That’s developmentally appropriate,”** she said. **“That’s how they learn how the world works. Those relationships aren’t just important because kids like them, but also because they are formative for adult years.”**

Restrictions change and loosen state wide, leaving families choose their own comfort level expanding their social circles during the pandemic, with health concerns often driving their choices. Dr. Borer notes this often leaves youth feeling isolate and lonely. **“I find that older kids are able to express it more because they’re able to put into words that they’re missing being able to go out with friends or go to parties or go on dates and things like that,”** he said. **“That’s really interfering with that developmental time in their life. ... They need contact for their development.”**

Both Dr. Walls and Borer note the negative impacts that loss of social relationships have as children get older. They offer virtual and socially distancing options to connect with peers, suggesting creative ways to do so. **Most kids and families have adapted in various ways,** Dr. Borer said. **“It’s the vulnerable kids that we have to watch for: the ones that had pre-existing anxiety going out into the world, the ones that were already prone to trauma or depression, or were already worried a lot about their parents. COVID-19 has probably affected those kids more,”** he said.

It important to look for warning signs in youth, such as irritability, change in mood, sleeping and eating patterns. In addition, how they express their worries, withdrawing emotionally or physically and change in routines are serious signs. How children perceive the world is shaped in some part by the adults in their lives. Parents can offer support by acknowledging stressors, sharing their feelings and encouraging flexible joint problem solving.



Resources to Help Families Navigating Mental Health and Stress During the Pandemic

Nemours KidsHealth kidshealth.org

AACP Anxiety Resource Center [AACP.org](http://www.aacap.org/AACAP/Families_and_Youth/Resource_Centers/Anxiety_Disorder_Resource_Center/Home.aspx)
[/www.aacap.org/AACAP/Families_and_Youth/Resource_Centers/Anxiety_Disorder_Resource_Center/Home.aspx](http://www.aacap.org/AACAP/Families_and_Youth/Resource_Centers/Anxiety_Disorder_Resource_Center/Home.aspx)

National Institutes of Mental Health www.nimh.nih.gov/

Mental Health Association National www.mhanational.org/

Workbooks:

CBT Workbook for Kids

“Anxiety Relief for Kids (A Parents’ Guide)”

CBT Toolbox for Children and Adolescents

“Why Smart Kids Worry”

“Playing with Anxiety”

“The Anxiety Survival Guide for Teens



Additional Resource to Support Teens & Young Adults in Delaware (Also See Page 4)

Sean’s House at 136 West Main Street, Newark, DE is opening soon. It will serve as a support center for high school and college students struggling with depression and other mental health issues. Young adults, ages 14 – 24 can access the center 24/7. The house will be staffed by 3 psychology doctoral students from the University of Delaware (supervised by Chief Psychologist, Dr. Bri Haut), who will live on premises. A peer support network is available to match with those who have overcome similar

struggles. All services offered free of charge. <https://www.unlockthelight.com/seanshouse/seans-house/>





Resource Review

www.namidelaware.org

NAMI 24 Hour National Helpline 1-800-950-6264

mentalhealthde.com

Child Priority Response 1-800-969-4357

Text DE to 741741 for the Crisis Text Line for an anonymous conversation – Free 24 Hours a Day

Call Police or Medical Emergency at 911

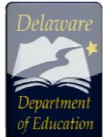
www.SAMHSA.gov

DHSS is offering a help line through DSAMH called the Delaware HOPE Line for people needing help with anxiety, depression or behavioral health needs because of COVID-19 at (833) 946-7333. It is open 24 hours a day, seven days a week to connect callers to a variety of resources and information, including support from clinicians and peer specialists plus crisis assistance.

Delaware Helpline – 211

cdc.gov/coronavirus

<https://coronavirus.delaware.gov/>



**PROJECT
THRIVE**

Trauma Health Recovery Innovation & Engagement

Resource Spotlight On Project THRIVE Trauma Health Recovery Innovation & Engagement

Project THRIVE is Delaware Department of Education’s Trauma Recovery Demonstration Project (TRDP) funded by the US Department of Education. Project THRIVE provides mental health services for low-income children, preschool through grade 12, whose experiences of trauma and toxic stress are significantly impacting their behaviors and performance in school. The intent is to develop a trauma-specific therapeutic service delivery models for the most vulnerable students within multi-tiered systems of support (MTSS). In addition, caregiver choice and engagement is integral to the process. Caregivers are encouraged to become good consumers of mental health care on behalf of their children. Please contact Teri Lawler, Project Director at Delaware.THRIVE@doe.k12.de.us for details.



Provider Spotlight – Erin Chudzick-Pryor, PA

Erin Chudzick-Pryor received her Masters’ Degree from Drexel University after a career as a New Castle County paramedic. Becoming a physician assistant has allowed her to focus on her passion for behavioral health for the past 14 years. Erin works at Delaware Pediatrics in Wilmington and Townsend. She also serves as a valued member of the Delaware Child Psychiatry Access Program’s Advisory Council.

We want more providers like Erin & you to register with DCPAP. Tell a colleague!



We are excited to have **Dr. Mark Borer present at the 9/17 DE AAP Virtual Conference: Children of 2020: The State of Today & The Vision for Tomorrow!** Thank you to Dr. Borer for highlighting the need for psychiatric support of primary care in Delaware and providing an overview of DCPAP services. We hope this will increase provider use of the program to benefit their patients.

Richard Margolis, MD, Project Director richard.margolis@delaware.gov

Joseph Hughes, MBA, Project Manager joseph.a.hughes@delaware.gov

Mindy Webb, LCSW, Behavioral Health Care Coordinator mindy.webb@delaware.gov

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Email the DCPAP Team:
DSCYF_DCPAP@delaware.gov

