

CHILD & ADOLESCENT PSYCHIATRY PORTAL

CAPP Line: 1-800-253-2103 | capp.ucsf.edu

Happy Holidays! We will be closed Dec 24-25, Dec 31, Jan 1

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From our team at CAPP, Happy Holidays and Happy New Year!

As we approach the holiday season, many of us are facing a unique holiday season at the end of a challenging and unprecedented year.

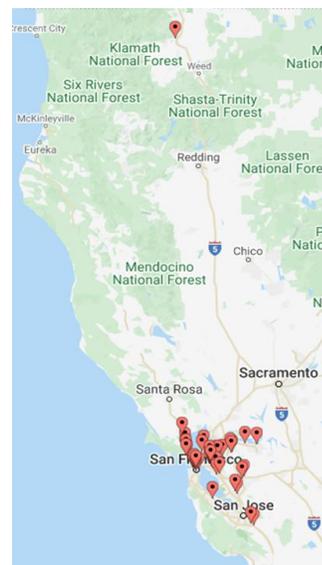
For many, the season will bring extra challenges of navigating the holiday season while many Californians are under stay-at-home guidelines.

As with other holidays this year, we hope you all continue to find new, safe and creative ways to celebrate time-honored holiday traditions.

We wish you a healthy and happy transition into 2021!

Welcome New Primary Care Practices

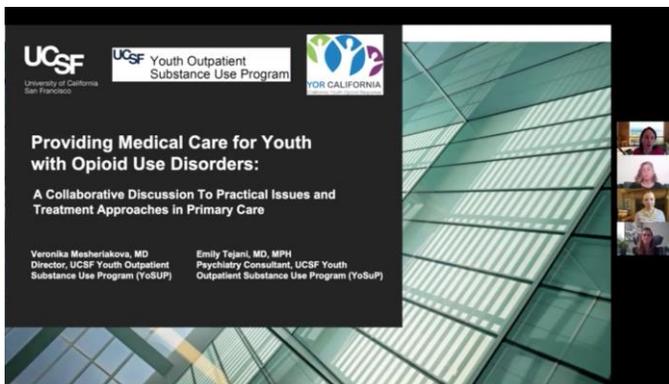
A hearty welcome goes to our newest enrolled practices: Washington Township, Southeast Bay Pediatric Medical Group, Adventist Health, and La Clinica School Based Health clinics!



Map of Practices Enrolled

Upcoming Educational Programming in 2021

We would love to hear your feedback about topics to focus on for future educational programming, and preferred timing. Please fill out [this survey](#) to tell us what topics regarding pediatric mental health you want to learn more about. More information about our newest program, the CAPP learning collaborative, coming soon!



Thank you for joining us!

In collaboration with CAPP, the UCSF Youth Outpatient Substance Use Program presented a special webinar

"Providing Medical Care for Youth with Opioid Use Disorders: A Collaborative Discussion to Practical Issues and Treatment Approaches in Primary Care."

Drs. Mesheriakova and Tejani gave an outstanding and well-received presentation on how to better assess and address youth opioid use disorder, including factors that place youth at greater risk for substance use disorders, and the need for a neurodevelopmental, longer term approach that involves the family.

If you missed this event, you can watch a recording of the webinar [here](#).

2020: A Year in Review

We are thrilled by how much CAPP has grown this past year, and we are deeply grateful for your partnership in addressing the ever-increasing mental health care needs of California's youth.

During 2020, we welcomed 2 psychologists, and 4 new psychiatrists to the team. We now have 40 practices enrolled, covering over 50 sites and 7 counties in California, with an estimated 200,000 lives served.

We are actively expanding our scope and reach and active discussions with groups for continued enrollment. We look forward to continued growth in 2021 and further development of educational programming and services!

Starting an SSRI in an 11-year-old girl

PCP: "I wanted to start an SSRI on an 11 year-old for depression. The patient reports having suicidal ideations at baseline. How do I discuss the black-box warning?"

Katie is an 11 year-old female with a history of depression who was referred to the PCP for medication management by her individual therapist. Katie has been in therapy for the past 3 years following familial stressors of parental divorce, estrangement from bio-father, mother's remarriage and birth of half-siblings. She presents with low mood, social isolation, decline in grades, low motivation, decreased appetite, difficulty falling asleep. Katie reported passive suicidal ideation without plans at baseline today. She reports a remote history of past suicidal ideation with plans of hanging last year, but no suicidal attempts or self-injurious behaviors in the past.

Safety: Passive suicidal ideation without plans prior to starting on medication at baseline. Patient reports a remote history of active suicidal ideation with plans to hang self in the past, but no actual suicide attempts or self-harm.

Specific Behaviors: Katie became more withdrawn, socially isolating, not wanting to engage with family members. She has been with low motivation, failing to complete her school assignments, grades have been declining over the past 6 months. She has been more tearful, argumentative with parents, and has difficulty sleeping at night.

Setting: Home, Remote learning (School)

Scary Things: No known history of physical, sexual abuse. Stressors of parental divorce, estrangement/abandonment from bio-father

Screening/Services: Katie has been following with an individual therapist weekly for the past 3 years with limited improvement. PHQ-9² score was 19.

Katie meets criteria for Major Depressive Disorder. Given the severity of depressive symptoms and limited improvement with therapy she would likely benefit from a combination of SSRI treatment and therapy.

Recommendations:

- Provide psychoeducation on SSRI Black-Box warning and possible side effects.
- Safety Planning recommended when initiating SSRI treatment in patients with depression especially with history of suicidal ideation and/or self-harm
- Schedule a follow-up via telehealth or in-person to monitor side effects within 1-2 weeks of starting an SSRI
- Consider adjusting medication dose with reassessment, tracking PHQ-9 score improvement every 4 weeks or subsequent visits as needed.
- Both the family and PCP felt there were no acute safety concerns in the moment to warrant an emergent psychiatric evaluation or ER referral. However, due to baseline suicidal ideation

Discuss the benefits of SSRI treatment and how they outweigh the risks (black box warning)

Clinical Pearls

- **Know how to discuss common side effects of SSRIs.** Common side effects include: GI discomfort (nausea, abdominal pain) - may resolve with time if able to tolerate; Headaches: may resolve with time if able to tolerate; Difficulty sleeping or drowsiness; Blunting of affect; Restlessness; decreased libido, Increased suicidal thoughts (black box warning); Serotonin syndrome (muscle rigidity, excessive sweating, jaw clenching, tremors, vital sign instability) – very rare
- **Know how to discuss the SSRI black box warning with families.**
 - PCP: In 2004, the FDA issued a black box warning that now includes all SSRI antidepressant medications based on 24 RCTs, due to the possible increased risk of suicidal thoughts and behaviors in children and youth up to age 25. There was a slightly increased risk (3.8% with SSRIs vs 2.2% with placebo) of suicidal ideation, but no actual increased risk of suicide found in these studies.
 - Parent: Then is it better not to take an antidepressant due to risk associated with the black box warning?
 - PCP: The benefits of SSRI treatment may still outweigh the risks associated with the black box warning. Also, many of the patients on antidepressants struggling with depression may have underlying suicidal ideation at baseline prior to starting on the medications. After the black-box warning was issued in 2004, the primary care physicians prescription rate decreased and an increase in depression and suicide was observed.
- **Know how to discuss the basics of safety planning with a youth and family.** Discuss firearm safety, locking up all medications (OTC, Rx) in medication lock-box, removing sharps, ligatures that can be used in self-harm, direct parent to dispense any medications. Use [Stanley-Brown Safety Plan](#) to identify triggers/aggravating factors for suicidal thoughts, identify relieving factors and coping strategies, identify adults the youth can reach out for help, provide suicide hotline, text lines, emergency crisis numbers, local ERs to present to in crisis or with any acute safety concerns.