

KSKidsMAP Newsletter

Pediatric Mental Health Access

A program for primary care physicians and clinicians in Kansas through a telehealth network

Issue 3 – December 2020



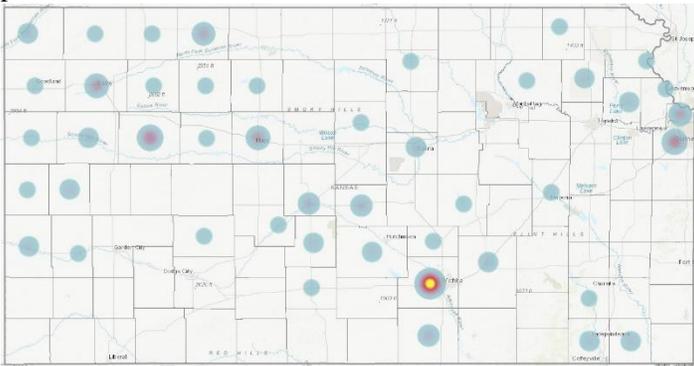
“TeleECHO case discussions demonstrate the complexity of some cases and the need for several specialties to be involved for holistic care.”

-TeleECHO participant

KSKidsMAP network

- KSKidsMAP increases access to mental and behavioral health services in primary care for children and adolescents across Kansas by supporting physicians and clinicians through program components.
- The KSKidsMAP Pediatric Mental Health Team can provide recommendations and education based on best practices to screen, assess, diagnose and treat children and adolescents presenting behavioral health challenges.

Figure 1. KSKidsMAP has 87 physicians and clinicians who practice in 47/105 Kansas counties.



*Note: Large blue circles denote high numbers in the given area.

Enroll today!

wichita.kumc.edu/KSKidsMAP

For more information contact KSKidsMAP at KSKidsMAP@kumc.edu or 1-800-332-6262.

New clinical practice guidelines

Assessment and treatment of children and adolescents with anxiety disorders

Untreated anxiety leads to significant impairments in social, educational and family functioning. Early and effective treatment can enhance clinical outcomes. In primary care, patients with anxiety disorders can be identified by routine use of screening tools.

The new clinical practice guidelines from the American Academy of Child and Adolescent Psychiatry recommendations include:

- That every patient receives a careful diagnostic evaluation that includes history, mental status examination and gathering of collateral information
- Alternative psychiatric diagnoses, including ADHD, depression, and anxiety related to medical conditions, medications, and illicit drug use need to be ruled out prior to making a diagnosis
- Interventions take into account the biological, psychological and social contributors to anxiety. The combination of cognitive-behavioral therapy and psychopharmacology with an SSRI or SNRI has the strongest evidence base

Find the complete article here: [\(Clinical Practice Guideline for the Assessment and Treatment of Children and Adolescents With Anxiety Disorders - ScienceDirect\)](#)

KSKidsMAP call to action

The COVID-19 **PANDEMIC** has taken a toll on youth mental health. **Emergency visits are up 30%** from this time last year.

Be part of the **SOLUTION**. Learn to screen, diagnose and treat mental illness in youth with **support from a peer network!**



Meet Rachel Brown, MBBS

KSKidsMAP Pediatric Team Member
Child and Adolescent Psychiatrist
Sedgwick County, Kansas



Rachel is married to husband, Stephen. They have a 21-year-old daughter, Clare, who's in college and works in a coffee shop. Their family also includes three dogs and two kitties. They thought they were dog people (Flynn, Billy and Scout) until they were adopted by a stray kitten, Milo, this summer and then adopted his little sister, Mila, from the Humane Society. The

“pandemic” kitties have been good for morale! (And if you pay attention, you may see them during TeleECHO!)

Rachel went to Guy's Hospital Medical School in London, England. She completed her psychiatry residency and child psychiatry fellowship at the Bethlem Royal and Maudsley Hospital, also in London, where she also practiced as a child psychiatrist until the family moved to the U.S. in the mid-nineties. Dr. Brown has practiced in Georgia, Alabama, Missouri, Michigan and has been in Wichita since July 2018.

Rachel is passionate about medicine, “I love medicine because I get to work with people and it's complicated, intellectually challenging and constantly changing. Psychiatry, in particular, has changed so much since became a physician, because we understand so much more about the brain than we did 30 or 40 years ago. I love that I have to keep on learning to do the best I can do for the children I see and their families.”

Pre-pandemic, she was going to a jujitsu class and playing her saxophone in the community band, but those things abruptly stopped in March. She has continued lifting weights – the bigger, the better – she has done competitive powerlifting in the past and will do it again when everything re-opens. Stephen and Clare are big soccer fans, and she is not so much, so she reads and knits while they watch the games. She also spends time with family on camping trips; they like cooking for each other indoors and out.

Become part of the network!

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Meet Arika Fanshier, APRN

Nurse Practitioner
Barton and Stafford County, Kansas



Arika grew up in northeast Colorado, attended Fort Hays State University and graduated summa cum laude with her Bachelor of Science in nursing in 2011. While working as a registered nurse on the medical-surgical floor at Great Bend Regional Hospital, Arika returned to Fort Hays State University and received a Master

of Science in nursing through the Family Nurse Practitioner Program in 2016 after completing clinical hours in family practice and pediatric clinics. Arika joined Heart of Kansas as a new APRN graduate in June 2016.

She has two children ages 3 and 6 and enjoys going to the lake. Her favorite thing about practicing medicine is the patients. She wants to be there and to help when things are going well and when they aren't.

KSKidsMAP has been a great resource to connect kids with knowledge and skills in treatment and interventions for mental health problems.

TeleECHO discussion

KSKidsMAP received a case consultation request for an 11-year-old male who presented to his primary care physician this summer with concerns about weight loss and poor eating. Patient is extremely shy, with poor eye contact and limited interaction with his PCP. His mother is concerned patient may be autistic. Parents are divorced and patient lives with siblings and mother. Father is also involved but less concerned.

History reveals that the patient would rather go hungry than eat something he doesn't like; for example, if a chicken nugget does not meet his specific preference, he will opt not to eat. Older (adult) brother lives at home and has a history of similar behaviors. Patient is not currently receiving therapy; however, he did talk with school counselor last year.

The Pediatric Mental Health Team recommended the PCP consider the following: referral for neuropsychological evaluation; lab work to rule out vitamin and/or iron deficiencies; clinical interview with patient to explore interactions with peers; release of information for physician to contact school personnel. After completed evaluations, next steps could include contacting KSKidsMAP for additional recommendations, resources and toolkits for further treatment.