



## Child & Adolescent Mental Health Division

### Frequently Asked Questions

#### **Welcome to Maui Family Guidance Center!**

We know it can be a long journey to get here, and this packet is designed to help answer questions you may have. Below is a short FAQ with some general mental health questions and others more specific to our services. Thank you for taking the time to read through these materials, and please feel free to ask any questions we haven't thought of. It's very likely you aren't alone in wondering, and we want to update this packet regularly with customer questions and answers.

#### **Q: What is Maui Family Guidance Center?**

**A:** Maui Family Guidance Center (MFGC) is one of several FGC's around the state. They exist on most islands, with the exception of Lana'i and Niihau. They are the frontline location for access to Hawai'i Department of Health, Child and Adolescent Mental Health Division (CAMHD) services. MFGC is unique in that we have satellite offices in Lahaina and on Moloka'i. Lana'i is served by our Lahaina staff who travel there at least once a month to coordinate needs and services with local schools and the Keiki Network.

#### **Q: Who is my team at MFGC?**

**A:** Every family receiving services through MFGC has a team consisting of the Care Coordinator, who is the primary contact and individual who coordinates services throughout your time in our Center, and the Clinical Lead, who supervises clinical decision making and makes adjustments to the treatment plan through high-level supervision and coordination with the treatment provider.

Care Coordinators are supervised by the Mental Health Supervisor (MHS-1), who often is the first individual families talk with in the process of coming into our services. Clinical Leads are typically psychiatrists or psychologists who are full-time employees of CAMHD. We have two Clinical Leads at MFGC; Dr. Adam Coles, child and adolescent psychiatrist and Dr. Alisha Yoshitsugu, child and adolescent psychologist.

Family therapy, the cornerstone of our services, is provided via contracted therapists who meet with clients and families in the home and out in the community, removing the need for frequent travel to the MFGC except for monthly treatment team meetings.

#### **Q: What can, or should, I do if I'm concerned about mental, emotional or behavioral symptoms or problems my child is experiencing?**

**A:** You're already doing it by coming to see us! More generally, the first place to ask for help is your child's primary care provider (PCP) or pediatrician. They can help identify the

resources you can access through your insurance provider. If you lack insurance, your child can still access Medicaid through Quest in Hawai'i. Talking with your child's teachers, school counselors and other adult care providers as well can give you a sense of their day-to-day behavior, and what is part of normal development versus something that requires further evaluation. Many mental health issues respond to weekly therapy and sometimes careful use of medication as add-on treatment. Some don't or continue to worsen.

CAMHD services are designated for *severe emotional and behavioral distress* that is beyond the aid of initial therapy, school-based care and primary care services. Our schools and many providers on Maui can help families complete an application for CAMHD services. If your child is experiencing a mental health emergency such as wanting to harm themselves or others, it's important to call 911 for help getting to the hospital or take them to an emergency room. If your child or a loved one is experiencing a crisis that does not require immediate hospital evaluation, call Hawai'i Coordinated Access Resource Entry System (CARES) at 1-800-753-6879 (toll free) or 808-832-3100. The Department of Health operates a Crisis Mobile Outreach Program statewide that can assist.

**Q: How do I know if what my child is experiencing need attention?**

**A:** This is a difficult question to answer, especially for worried parents. Our position is it never hurts to ask. It's important to remember every child develops in a unique way, so the boundaries of what's "normal" are broader than most people think. In general, when a child or adolescent is having difficulty in more than one area of life, or when they seem to experience a change or decline in behavior, mood, sleep or appetite from their previous level of function it's probably time to seek help. Thoughts of death, suicide, self-harm or urges to harm others should trigger immediate evaluation as soon as possible.

**Q: Can life events like a death in the family, a move or divorce trigger symptoms?**

**A:** Yes, everyone experiences change and stressful life events differently. Some emotional reaction to stressful events is normal. When symptoms impact daily life either much longer than anticipated, or much more severely than they can tolerate and makes it difficult to succeed in school and relationships, then it may be time to seek help.

**Q: What is mental illness and how is it diagnosed?**

**A:** Let's take the answer in two parts. First, our current understanding of mental wellness and illness is very much like physical health and illness, in that any disease can be the result of a combination of genetic and biological risk factors and external factors that together trigger and sustain the illness. Much like the combination of poor diet and lack of exercise in a person with a genetic predisposition (family history) of type 2 diabetes combine to cause diabetes. It's important to note that a family history of a disorder is not enough to diagnose any disorder, nor is the lack of a family history, unfortunately, complete protection against it.

A family history simply carries an *increased risk*, not only for the disorder in question, but usually related disorders as well. For example, a person with a family history of bipolar disorder carries a modest increased risk of mood disorders in general, not just bipolar. Also, there is no guarantee they will experience any mental illness at all.

Mental health can be evaluated by an astonishingly large (and often confusing) array of professions. The typical clinicians who evaluate and diagnose mental illness in children you may encounter here on Maui include child and adolescent psychiatrists (M.D.), clinical psychologists (Ph.D. or Psy.D.), licensed clinical social workers (LCSW's), licensed marriage and family therapists (LMFT's), licensed mental health counselor (LMHC's) or psychiatric nurse practitioners (NP's or APRN's). Some other physicians, particularly in primary care, are comfortable evaluating some mental health problems such as depression and anxiety. In children, many pediatricians diagnose and manage Attention Deficit / Hyperactivity Disorder (ADHD).

In all cases, the clinician will interview the child, and parents if possible, and gather additional information such as school reports, assessments like testing, psychological evaluations, etc. They may perform specialized diagnostic tests if necessary. Psychiatrists, who are physicians (Medical Doctors, MD's; or Doctors of Osteopathic Medicine, DO's) and nurse practitioners will often perform a brief physical exam, take vital signs and may order lab tests as appropriate.

At MFGC, Dr. Coles and Dr. Yoshitsugu are the in-house evaluating clinician. We also accept evaluations from our contracting licensed clinicians, outside psychologists and psychiatrists licensed to practice in the State of Hawaii. Our Clinical Leads review all outside evaluations and obtains additional information or clarification if needed before accepting them.

Evaluation is a work-in-progress, and as such it can change, just as any diagnosis in medicine can change when new information or symptoms arise. We strive to make the process of diagnosis as accurate as possible, but it's important to note that it's a moment in time, and new information can alter our understanding significantly.

**Q: What happens next?**

**A:** If your evaluation indicates that your child is experiencing a psychiatric disorder of a severity requiring intensive services and not due to another process that may require different treatment (such as a medical illness best treated by a different specialty, a primary substance abuse problem or developmental disorder), you may be opened for services. A Care Coordinator would be assigned, and you'll come to your first Welcome Meeting and read this packet!

**Q: What are the treatment options for my child?**

**A:** There are usually several options depending on everyone's unique case. In child and adolescent mental health, we tend to favor a trial of therapy initially before recommending an evaluation for adding medication. However, there are important exceptions to this; for

example, in cases of clear ADHD that's impacting school, there often is a benefit to trying medication right away to prevent further academic decline.

In cases of severe psychosis that isn't a result of a drug of abuse or medical problem, it can be recommended to start right away. Similarly, cases of bipolar mania may need treatment as soon as possible to maintain safety and normalized sleep and behavior. In any case, your doctor will discuss these possibilities, choices and the risks and benefits before you make a decision. Therapy can be provided by an even larger number of professions, including all those listed above, as well as licensed mental health counselors (LMHC's) and other licensed, supervised, or specialized therapists (such as behavioral or occupational therapists). Therapy can take many forms.

**Q: What therapy is offered at MFGC?**

**A:** Our system is designed to provide intensive, family-based therapy to the children and families in our services. On Maui we have three main types: Intensive In-Home family therapy (IIH), Functional Family Therapy (FFT), and Multi-systemic therapy (MST). The first two work with children and family together and separately to identify challenge and strength areas and work toward meeting treatment goals over a period of 5-6 months on average. MST work primarily with the family, typically parents or caregivers, of the client to identify drivers of behavior and develop systems of rules, rewards, consequences and a sustainability plan.

We do have higher levels of care such as transitional family homes, which are therapeutic short-term settings, and we contract for community and hospital-based residential treatment. Community and hospital based residential treatment are currently available only on Oahu, so children from Maui County must be transported there for treatment. We at MFGC coordinate and assist this process. Your Care Coordinator will brief you on these options in more detail should it be necessary.

**Q: Do you work with schools?**

**A:** Yes, our Care Coordinators and Clinical Leads are used to helping coordinate services, sharing information and advocating for youth and their families. We work with schools to maintain and update Individualized Education Plans (IEP's) and behavioral plans to help maximize academic success.

**Q: What if my child is placed on probation or sent to juvenile detention?**

**A:** CAMHD operates the Family Court Liaison Branch and has resident staff within the Hawai'i Youth Correctional Facility (HYCF) as well as Detention Home (DH). We also work with probation officers and Family Court on Maui to coordinate and make treatment part of the overall probation and rehabilitation plan.

**Q: Are medications available and how do they work?**

**A:** Medications used in mental health, primarily in psychiatry, can be helpful add-on treatment during and following a course of therapy. They can also be the primary mode

of treatment in certain disorders as noted above. Most psychiatric, or psychotropic, medications either affect how fast or slow our brains and bodies break down and get rid of brain chemical messengers called *neurotransmitters* or change how easily they send messages.

At MFGC we have a small medication clinic through the University of Hawaii, Manoa Department of Psychiatry. A Child Psychiatry Fellow, supervised by Dr. Coles, evaluates youth for potential medication as well as other treatment alternatives and diagnostic clarification. Dr. Coles also sees a small percentage of our clients focusing primarily on very challenging or complex cases. It's important to note these services are intended for families currently receiving our family-based services. We are not a primary medication management clinic.

In all cases, we review the potential risks and benefits of medications, as well as other treatments. Youth and the families are the most important members of the team, and all decisions are made together. It is our goal that no one walk out of MFGC confused about medication or any aspect of their case.

**Q: Do medications work differently for children than adults?**

**A:** In many cases, yes. Many medications are absorbed, then broken down and disposed of by the body at different rates in children than adults. Body weight is another factor. Finally, the development of the brain is incomplete and so some medications work differently, not at all or even opposite to how they do in adults in some children. Some medications should be avoided entirely in children and adolescents. This is why we recommend *child-trained* psychiatrists or psychiatric nurse practitioners be the primary prescriber or work in consultation with the prescriber for all but the simplest medication regimens.

Mahalo!

The Maui Family Guidance Center

Hawai'i Department of Health, Child and Adolescent Mental Health Division