

TIP SHEET

Applying Principles of a Shared Plan of Care for Adolescents Living with Mental Health Concerns



The [Lucille Packard Foundation's Principles of a Shared Care Plan](#)¹ have been regularly emphasized as critical for providing high quality care to children and youth with special health care needs. Less often, these principles are applied to care planning for adolescents ages 12-17 years living with a mental health concern and opportunities remain to enhance the quality of care provided to this population. With its emphasis on

social-emotional well-being as a priority focus for adolescents in the *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*, 4th Edition, the Shared Plan of Care (SPoC) principles can be implemented in the context of Bright Futures health supervision visits and form bridges between pediatric primary care and behavioral health care.

In partnership with the Bright Futures National Center, the Association of Maternal & Child Health Programs (AMCHP) conducted a review of available resources and requested the input of relevant experts to inform the creation of a resource hub for health care professionals looking to apply the principles of SPoC within the context of the [Bright Futures Guidelines, 4th Edition](#) health supervision visit for adolescent patients living with mental health concerns. This resource sheet is intended to complement the principles of a SPoC with a lens to its application for adolescents living with mental health concerns. Below, each of the 10 principles of a SPoC are listed, with some language modifications to reflect the adolescent population. Listed below each principle are relevant considerations, resources, and tools.

¹ McAllister J. Achieving a Shared Plan of Care with children and youth with special health care needs. April 25, 2014. Accessed February 1, 2022. <https://www.lpfch.org/publication/achieving-shared-plan-care-children-and-youth-special-health-care-needs>

PRINCIPLE ONE

Adolescents are actively engaged in their care

For health care professionals that serve adolescents, prioritizing youth engagement when evaluating the quality of service delivery is a valuable tool to understand how best to engage adolescents in their own care. In addition, when health care professionals provide confidential time alone with their adolescent patients, they simultaneously foster skill-building among their patients to engage in their own health care and create an environment conducive to building trust. Finally, consider the alignment of this first principle of SPoC with *Bright Futures Guidelines*, 4th Edition anticipatory guidance which states that, “the first priority is to address the concerns of the adolescents and parents.”

RESOURCES FOR SHARING DIRECTLY WITH ADOLESCENTS

- [Adolescent Health Care Campaign Toolkit](#) (American Academy of Pediatrics)
- [Infographic: “Getting the Right Start—Student Guide to Mental Health”](#) (National Alliance on Mental Illness)
- [Infographic: “Taking Charge of your Mental Health”](#) (National Alliance on Mental Illness)

RESOURCES FOR FOR ENGAGING ADOLESCENTS IN A CLINICAL SETTING

- [Investing in Adolescent and Young Adult Health](#) (American Academy of Pediatrics)
- [Youth Engagement Toolkit](#) (School Based Health Alliance)
- [Adolescent-Centered Environment Assessment Process](#) (Adolescent Health Initiative)
- [Time Alone with Teens in the Clinical Setting](#) (Adolescent Health Initiative)
- [Motivational Interviewing Video Resources - Implementing Mental Health Priorities in Practice](#) (American Academy of Pediatrics)

PRINCIPLE TWO

Communication with and among the medical home team is clear, frequent, and timely

By design, integrated mental/behavioral health and pediatric primary care settings improve communication among the care team and integrated models of care have been shown to improve outcomes in adolescents living with depression.² Additionally, offering multiple modes of communication (such as telehealth modalities) between patient and health care professional is important for continuing communications.



RELEVANT RESOURCES

- [Planning for Integrating Behavioral Health in Your Ambulatory Care Setting](#) (Agency for Healthcare Research Quality)
- [Video: Engaging Children and Teens in Telemedicine](#) (Anxiety and Depression Association of America)
- [Starting a Telehealth Program](#) (Association of Maternal & Child Health Programs)
- [Behavioral Health Integration \(BHI\) Compendium](#) (American Medical Association)
- [Mental Health Practice Readiness Inventory](#) (American Academy of Pediatrics)
- [Common Factors Approach: HEL²P³ to Build a Better Alliance](#) (American Academy of Pediatrics)
- [Telehealth and Adolescent Health Care](#) (American Academy of Pediatrics)

² Richardson LP, Ludman E, McCauley E et al. Collaborative care for adolescents with depression in primary care: a randomized clinical trial. *JAMA*. 2014;312(8):809-816. doi: 10.1001/jama.2014.9259.

PRINCIPLE THREE

Health care professional or team members base their patient and family assessments on a full understanding of adolescent and family needs, strengths, history, and preferences

Throughout patient assessments, it's important to 1) implement a strength-based approach with a focus on building resiliency through promotion of protective factors, 2) be mindful of comorbidities commonly experienced by adolescents living with depression, including anxiety, substance use disorder, and eating disorders³, 3) be intentional in affirming identity(ies) and using non-stigmatizing language.

RELEVANT RESOURCES

- [A Pediatrician's Guide to an LGBTQ+ Friendly Practice](#) (American Academy of Pediatrics)
- [Online Learning Module: Caring for LGBTQ Youth in Clinical Settings](#) (National LGBTQIA+ Health Education Center)
- [Addressing the Mental Health Needs of Racial and Ethnic Minority Youth—A Guide for Practitioners](#) (American Psychological Association)
- [Training Video: Cultural Responsiveness](#) (Adolescent Health Initiative)
- [School-Based Health Centers as a strategy for equity in under resourced communities](#) (Center for Disease Control and Prevention's Community Guide)
- [Mental Health Tools for Pediatrics](#) (American Academy of Pediatrics)
- [Trauma-Informed Care](#) (American Academy of Pediatrics)
- [Unique Needs of the Adolescent](#) (American Academy of Pediatrics)
- [The Impact of Racism on Child and Adolescent Health](#) (American Academy of Pediatrics)

³ Rhode P. Comorbidities with adolescent depression. In: Nolen-Hoeksema S, Hilt LM, eds. Handbook of Depression in Adolescents. Routledge/Taylor & Francis Group, 2009:139-177.

PRINCIPLE FOUR

Adolescents and their families, health care professionals, and their community partners have strong relationships characterized by mutual trust and respect

Two important components for building trust within the health care professional-patient relationship include 1) prioritizing time alone during a visit and 2) disclosing the types of information a health care professional is mandated to report by law and the types of information that are protected by state-specific confidentiality laws. In terms of settings, school-based health centers are designed to foster strong relationships between the health care professional, the patient, and with the wider community.

RELEVANT RESOURCES

- [Tips for Improving the Provider-Family Relationship](#) (*National Alliance on Mental Illness*)
- [Adolescent Provider Toolkit – Behavioral Health](#) [*includes strategies on how to establish rapport, listen actively, and express empathy*] (*The Adolescent Health Working Group*)
- [Core Competencies for the School Based Health Center Setting](#) (*School-Based Health Alliance*)
- [State Minor Consent Laws: A Summary, Third Edition](#) (*Center for Adolescent Health & the Law*)
- [Confidentiality for Adolescent Care \(Training Videos\)](#) (*Adolescent Health Initiative*)
- [Roadmap to Resilience, Emotional and Mental Health](#) (*American Board of Pediatrics*)
- [Adolescent Health Consortium](#) (*American Academy of Pediatrics*)

PRINCIPLE FIVE

Patient-and-family-centered care teams can access the information they need to make shared, informed decisions



The capacity of a young person living with a mental health concern to participate in shared decision-making may vary given their age and/or clinical presentation. Decision making for this population can be complex, and considerations as to when adult input is necessary should be evaluated on a case-by-case basis.⁴

RELEVANT RESOURCES

- [Tips for Working with Children and Teens in Foster Care](#) (*American Academy of Pediatrics*)
- [Integrating Physical and Behavioral Health: Strategies for Overcoming Legal Barriers to Health Information Exchange](#) (*Robert Wood Johnson Foundation*)
- [A California Guide for Sharing Student Health and Education Information](#) (*California School-Based Health Alliance*)
- [Evidence Summary for Shared Decision Making for Mental Health](#) (*Headspace National Youth Mental Health Foundation*)

⁴ Simmons MB, Rice SM, Hetrick SE, et al. Evidence summary: Shared Decision-Making for Mental Health - What is the evidence? (2015). Accessible at: <https://headspace.org.au/assets/download-cards/sdm-evidence-summary.pdf>

PRINCIPLE SIX

Patient and family-centered care team use a selected shared plan of care (SPoC) characterized by shared goals and negotiated actions; all partners understand the care planning process, their individual responsibilities, and related accountabilities

State agencies play a critical role in transforming systems to be conducive to the creation of shared plans of care.

RELEVANT RESOURCES

- [Shared Plan of Care: A Tool to Support Children and Youth with Special Health Care Needs and Their Families](#) [includes strategies for state agencies to support the used of shared plans of care] (*National Center for Medical Home Implementation & National Academy for State Health Policy*)
- [Sources of Key Mental Health Services](#) (*American Academy of Pediatrics*)

Sample templates for a shared plan of care:

- [Sample Mental Health Care Plan](#) (*Medicare Local*)
- [Behavioral Health Treatment Plan Template](#) (*Agency for Health Care Research and Quality*)

PRINCIPLE SEVEN

The team monitors progress against goals, provides feedback, and adjusts the SPoC on an ongoing basis to ensure that it is effectively implemented

Treating common mental health conditions is similar to treating chronic medical conditions and patients should never be blamed for non-adherence.⁵

RELEVANT RESOURCES

- [Track Patients and Monitor Their Outcomes](#) (Agency for Healthcare Research and Quality)

⁵ Track Patients and Monitor Their Outcomes. Agency for Healthcare Quality and Research. Accessed February 1, 2022 <https://integrationacademy.ahrq.gov/products/playbooks/behavioral-health-and-primary-care/implementing-plan/track-patients-and-monitor-their-outcomes>

PRINCIPLE EIGHT

Team members anticipate, prepare, and plan for all transitions (eg, home to college campus, home to independent living, hospital to home, pediatric to adult care)

The [MCHBest Database](#) recommends training for health care professionals on transitioning youth from pediatric to adult care as having emerging evidence.

RELEVANT RESOURCES

- [Young Adults Transition Readiness Tool](#) [specifically for youth to assess their readiness to care for their mental health after high school] (*Mary's Center*)
- [School Based Mental Health: Post-Graduation Wellness Plan](#) (*Mary's Center*)
- [Got Transition resources](#) (*Got Transition*)
- [Foster Care – Aging Out](#) (*American Academy of Pediatrics*)

PRINCIPLE NINE

The SPoC is systematized as a common, shared document; it is used consistently by every health care professional within an organization and by acknowledged health care professionals across organizations

There may be legal roadblocks to shared medical information, particularly when working with behavioral health information. The [Robert Wood Johnson Foundation](#) has resources for navigating these barriers (highlighted under an earlier principle).

RELEVANT RESOURCES

- [Electronic Health Records: FAQs](#) (*American Psychiatric Association*)
- [Texas Children's Hospital Electronic Medical Record-based Healthcare Transition Planning Tool](#) (*AMCHP's Innovation Hub*)
- [What Pediatricians Need to Know About the 21st Century Cures Act Interoperability Final Rule](#) (*American Academy of Pediatrics*)

PRINCIPLE TEN

Care is subsequently well coordinated across all involved organizations and systems

As previously mentioned, integrated mental/behavioral and physical health systems are designed for improved coordination of care and as such is recommended as a strategy for well-coordinated care. In addition, the [MCHBest database](#) recommends dedicated care coordinators across organizations and systems as having emerging evidence.

RELEVANT RESOURCES

- [Sample job description for Behavioral Health Care Manager](#) (AIMS Center)
- [Quick Guide on Payments for Behavioral Health Integration Services: Federally Qualified Health Centers and Rural Health Clinics](#) (AIMS Center)
- [Behavioral Health Integration Collaborative](#) (American Medical Association)



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