# An APPs Glance Into Kids Mental Health in 2020

Jamie Neal Lewis RN, APRN, CPNP, CPN shares how the events in 2020 have an impact on children's mental health and different ways to help your child.

Featured Speaker:

## Jamie Neal Lewis, RN, APRN, CPNP, CPN

Jamie was born and raised in Kansas City Mo. She graduated from Truman State University with her BSN in 1998 and Columbia University with her MSN in 2007 as a PNP. In between those years, she worked at CMH and then became a travel nurse allowing her to travel back and forth across the country and work at several different Children's Hospitals. She moved back to Kansas City in 2007 and has been at CMH since then. After 6 years in sleep clinic and 4 years in the bedwetting clinic, she realized she might actually be a psychiatric nurse. And like any rational person who works full time, and has 2 kids at home, decided to go back to school for a post master's certificate to also become a Psychiatric Mental Health Nurse Practitioner. She now works in the Developmental and Behavioral Division and takes care of kids with autism and/or ADHD. She is the Education Co-chair of the Children's Mercy Suicide Prevention Committee.

Transcription:

Trisha Williams (Host): Hi guys. Welcome to the Advanced Practice Perspectives. I'm Trisha Williams.

Tobie O'Brien (Host): And I'm Tobie O'Brien. This is a podcast created by Advanced Practice Providers for Advanced Practice Providers. We will be highlighting our amazing APPs here at Children's Mercy and do some education along the way.

Trisha Williams (Host): We are so glad that you are joining us today. So, sit back, tune in and let's get started. Today we have the pleasure of talking with Jamie Neal Lewis. She is an Advanced Practice Registered Nurse in the Developmental and Behavioral Med Department at
Children's Mercy. She is also the Education Co-Chair of the Suicide Prevention Committee. Welcome Jamie.

Jamie Neal Lewis, RN, APRN, CRNP, CPN (Guest): Hi, thank you for having me.

Trisha: Oh, you're so welcome. We are so excited to have you. How about you tell our listeners a little bit about yourself.

Jamie: Sure. I'd be happy to. So, I was born and raised in Kansas City, Missouri. I worked at Children's Mercy as my first job as a Registered Nurse. I went to Truman State for my undergrad and then after a few years working at Children's Mercy. I decided to become a travel nurse and ended up eventually in New York City where I went to graduate school at Columbia and then after I was done with that, I moved back to Kansas City and started working as a Nurse Practitioner here at Children's Mercy. That was in 2007. I've had a few different jobs here since I came back. But what happened is after almost six years in the sleep clinic and four years in the bedwetting clinic, I realized I'm basically a psych nurse it turns out. During that time, I started thinking about going back to school to become a psychiatric mental health nurse practitioner. And so, I'm currently enrolled as a student at KU getting a post masters and I work in developmental and behavioral clinic and there, I'm able to take care of kids with ADHD and or autism. I got involved in the suicide prevention work a few years ago when I worked in the sleep clinic. And now for the past year or so, I have been the co-chair of the education committee for suicide prevention at Children's Mercy.

Tobie: Fantastic. We are so excited to have you. I remember when I first came to Children's Mercy, you were one of the first nurse practitioners I met. So, I remember that when you were in sleep and I started working in ENT. We worked so close together. So, I remember you telling me, we had a conversation about a month ago and I was asking you more about how you made this decision to transition to the developmental and behavioral clinic. So, tell us more about how you did make that decision, why you made that decision and then I know you just sort of touched on the kids that you see in the D & B clinic, but maybe a little bit more about your specific role in the developmental and behavioral clinic.

Jamie: I'll start with how I came to this decision of going back to school to become a psychiatric mental health nurse practitioner. And that did happen while I was in sleep so, you're right, back when we first met. I had a pivotal moment where I had a patient that overdosed on a medication that I had prescribed and I was shocked like I was in denial about how much mental health is really out there and for those of us like me, who had tried to just ignore that part of our patients. So, when I had this patient overdose on a medication that I prescribed for him, it really opened my eyes that oh my gosh, this is real. I need to be paying more attention. Because this was not somebody that I would have "expected" expected –

Tobie: When we were in nursing school, they talked about psychiatric mental health in the adults. It really wasn't a predominant thing that, at least in my nursing school program that we talked about in the pediatric population.

Jamie: And I remember from undergrad, I didn't really even like my psych rotation that much. So, this was a definitely a, yeah, this was definitely a big surprise to me. And somethings that might happen in sleep clinic were just like mind boggling. This is not a sleep problem. This is a mental health problem. And you guys know, when you've been in your kind of subspecialty for a while you are able to come up with the specific question to get the answer that you're looking for. And so one of my questions in sleep clinic for teenagers would be something along the lines of why don't you tell me why you think you can't sleep. Or do you know why you can't sleep? And sometimes that was just the question and people would say I can't sleep because I'm afraid that my dad's going to break back into the house and try to beat my mom up again and I feel like I need to stay awake to protect her.

And obviously, that is a shocking statement but one that I at least in the sleep clinic, I was able to say okay, thank you for telling me that. You don't need a five thousand dollar sleep study. You need a therapist or a social worker or somebody to help keep you safe and figure out how you guys are going to come up with that. So, it really opened my eyes that this is out there.

Tobie: It's so interesting. So you must have had quite a few of those types of encounters. I think you said a large percentage of sleep kids, you're going to have your obvious obstructive sleep apnea kids like that we send over to you guys but then these other types of teenage kids or those the ones that you saw quite a few of, huh?

Jamie: Yeah. I estimate there's, I don't have any research, this is just my own opinion that 30% maybe 50% of the patients that I saw in sleep clinic when I was there were actually probably mental health issues, and it didn't necessarily need – the first step was not necessarily a sleep study. And so it really opened my eyes and I found myself like what if I'm going to have to deal with this, I guess I better learn how to do that. And so when I would go to conferences, sleep conferences, I would try to attend the ones that had a little bit of mental health in there and there were actually quite a few and I just became more and more interested as time went on. And then I went to my first NAP conference. I had never been to one and I found myself following kind of some of the psychosocial and the mental health tracks and I came back and I emailed Becky Austin Morris who at the time, and actually still is the only psychiatric mental health nurse practitioner at Children's Mercy and I was like would you be willing to talk to me sometime about what it is you do and how do I get there. I'm interested.

And so she did. She met with me and the rest is history as they say.

Trisha: So, there is only one current psychiatric mental health nurse practitioner at Children's Mercy?

Jamie: I believe so. I believe that's Becky Austin Morris and maybe there's actually a couple of other people too that are doing the same thing that I am.

Tobie: Oh really. That's awesome.

Trisha: So, you two are like the pioneers, the frontier leaders of this psychiatric mental health at Children's Mercy. I love that.

Jamie: I guess so. It's been very interesting, and I love what I'm learning, and it only took me until my mid-career to realize this calling.

Trisha: You know what, that's why we have a career. We continue to grow and change and morph into what we need to be when we decide to grow up.

Jamie: Exactly. That's the thing about being a nurse is that you can change.

Trisha: I know agreed. So fill us in a little bit about what your training is, you're talking about you're going back to school to get your post-master's degree correct?

Jamie: Yeah, it's actually called a post master's certificate for psychiatric mental health, but it will make me board eligible when I complete the program assuming that I successfully do so.

Trisha: You will. Tell us a little bit about what that training entails and that schooling that goes along with it and –

Jamie: So, I started last January and at KU, part of the reason I like the program is because most of the classes were designed to be online with very few in-person and then of course, COVID happened. So, I actually have yet to have an in-person class there. But I didn't know how I would do with online learning because my original master's degree was not online. So, I didn't even know if I could learn that way. But it turns out, I can. And you don't know until you try it and so it's – it does take a lot of kind of personal initiative to make sure you get the assignments done and all that stuff. We still do meet online and talk and go over things and have lectures. But sometimes it's not live in the moment. Sometimes the lecture is recorded but it's recorded at 2 o'clock on a Tuesday and that's when I see patients. So, I am able to watch it later.

My first two classes were basically psychiatric mental health in pediatrics which obviously, I loved and then my other class was just a general psychiatric mental health were we studied the DSM5 and I would say to my family, I'm like yeah so, I have 16 weeks to basically attempt to memorize this thousand page document. So, we'll see how that goes.

Trisha: And for our listeners, the DSM5 is –

Jamie: Oh yes, it's the diagnostic and statistical manual fifth edition which is how mental health and psychiatric diagnoses are made, with the criteria.

Trisha: The book that I did not like in grad school. So glad that you love them. So, once you are done with this specific certificate, do you feel like it's going to change your role in developmental and behavioral medicine, or will it be just a nice adjunct to have to what you're currently doing?

Jamie: Actually I don't know the answer because I love the job that I'm doing now, working with the kids with ADHD and or autism. It's hard to imagine making a change. So, I think we'll just have to see what maybe D & B has a plan for me.

Trisha: I think that's a good thing. I am curious to see how Children's Mercy is going to adapt or develop or grow to maybe have an in-patient psychiatric treatment facility for children and if that's in the forefront or how that plan is going to look. It would be interesting to see.

Jamie: I think that with the new CEO and the Board, and everybody kind of meeting, Dr. Sodon, our Division Director didn't mention it on all of the ideas that came up. There was some piece of mental health in every single one. So, I think our division – yeah, took that as good news that people see the need and now, they want us to be able to provide that more so than we have been, I guess.

Tobie: I think that's so interesting too. There's always been the need for mental health providers and to be able to meet these kids where they are and help them. But how do you feel like 2020, and the chaos of isolation and social distancing and even racism and obviously COVID and all of the stuff? It only seems that makes it worse potentially. I just wonder what has been your experience with kids that you've seen or even things that you've read as you've been doing your training?

Jamie: Actually Becky Austin Morris did talk about this some at her talk at the Advanced Practice Conference last week and we keep hearing about it, everywhere, that mental health problems are on the rise because of the pandemic and coronavirus and the big thing is, well probably two big things; fear of the unknown, right? We don't know how long this is going to last. We don't know if we get COVID, how sick could we possibly be and then the other piece is that when people are social distancing, they're losing, or they are decreasing their connections. And connections are really what keep a lot of us happy and going. So, when you think about pediatric patients, especially like teenagers where their social lives are impacted so much, it seems like there are a lot of teenagers and young adults that are really suffering.

Now, that said, the way I've been telling people what I'm seeing personally in my patients, it's like a Bell curve. At the one end, I have patients who are living their best life, love being at home, love learning online and they are just – can't imagine having to actually go back to school in-person. And then the other far side, are the kids who really are suffering, and I've got a couple of those right now too that they're suffering. They are having suicidal thought. They miss their friends. They want to be able to go out and do things and they're not getting that. And then in the middle, the Bell is the rest of us, we're somewhere just in between there that we have been able to cope and we've been able to come up with different ways of communicating and staying connected. But I think it's a Bell curve or even a spectrum if you think about that how some people are doing. It's not easy for anybody right now.

Trisha: It's definitely not easy for anybody. I have two teenagers myself that we are strictly online school, so they are not allowed to be with their friends and be in class and they're online learning. They have sports so I'm very, very grateful that they have that social connection, but I know that a lot of their interaction is via social media and things like that with their friends and a lot of them are having suicidal conversations believe it or not. They're having discussions about I just want to kill myself because of this class and a friend of my daughter's actually presented to the principal the risks that he feels, and he is really concerned for his classmates and their mental wellbeing. But bottom line is that our school board is making the best decisions that they can based on the statistics that they have for the coronavirus.

I heard your discussion at the APRN conference about suicide prevention and your work with the suicide prevention committee. The numbers and the things that I heard; I was just distraught. I'm scared. I'm sad for these kids and I'm – what can we do as providers, what can we do as providers to help educate parents on these things and I think that I would love to hear your opinion on that as a mother and an advanced practice provider how can I guide my community, guide the children to a better place during this very hard time? If you could sum it up.

I will sum it up with one of my favorite things that Dr. Shayla Sullivan ever taught me about what she does in these situations. So, one of the things that she talks about is it is okay to sometimes be that nosy parent, that nosy neighbor, that nosy nurse practitioner what have you. Because you might notice a patient coming in or your teenage child's friend comes over and they're not acting like themselves. You can tell something is wrong. It's okay to say heh, I don't feel like you're acting like yourself is everything okay and just even opening up that conversation. Because the worst that's going to happen is they're going to say, it's none of your business. But the best that's going to happen is that they're going to open up to you and you're going to be able to say okay, thank you for telling me. I think we need to get some help.

Because teenagers don't always want to open up to their parents, but they might be willing to open up to another trusted adult. And the other thing too about the teenagers talking amongst themselves about these suicide and thinking about suicide is also encouraging our teens to say if you hear something like that, that's really important and you need to tell a trusted adult about that. Because in that situation, the worst that could happen is that their friend could complete suicide.

Trisha: Yeah and nobody needs that in their life to have it happen to be in that dark place to where they feel like that's what they have to do. I love the nosy, be nosy.

Jamie: I love that too. And Dr. Sullivan is the one that says that if you have concerns, speak up because the worst that's going to happen is, you're the nosy neighbor.

Trisha: But I would rather be nosy than the other option.

Jamie: Because forever then you would think what if I would have asked or said something and what ifs is a hard thing, but I agree with Dr. Sullivan. I thought that was a great point is it's okay if you're noticing something or even heh, I noticed Bobby is not coming over anymore. Are you still talking to him? What's going on with him? Is he okay? Even asking your teen about that.

Trisha: My kids would say I'm too nosy. My kids would say – they would say I'm too nosy about that. I tell them that's my job.

Jamie: Exactly. And the other thing is teens are good support for each other, but they are also obviously, not experts in mental health or resources.

Trisha: And they are also not adults.

Jamie: And they are also not adults, exactly.

Trisha: Yeah, that is a great piece of advice for us. I really appreciate you saying that. Tell us a little bit more about your involvement with the suicide prevention committee.

Jamie: So, I joined the Council on Violence Prevention several years ago when I was working in sleep clinic. And that was my first step towards getting involved. And that's a committee that has several kind of sub-committees that work with it. And then after I rolled off of that committee, I joined at the time Dr. Sullivan's committee called the National Patient Safety Goal, Number 15 or NPSG15. But basically what it is, is the suicide or self-harm prevention committee at Children's Mercy. And so we worked together for a couple of years on that and rolling out the Universal Screening at Children's Mercy where all patients 12 and older if they are developmentally typical and can answer the questions and understand; they get screened. And then we do some targeted education if needed for clinics or areas that are having trouble implementing it or have low rates of screening or different things like that.

And then, the committee, the work became so big and so much that one committee subdivided into three separate committees. And so we have Community Access, the Research Committee based that on all this data that we're collecting which Dr. Sullivan is now on and I became the Co-Chair with Suzette Porzek-Ball from the ED of the Education Committee. And our job obviously, is to make sure that we're providing the education that the staff at children's Mercy needs. And that includes physicians, nursing, but also painters, or people that just do different roles in the hospital. Because they may have different relationships with patients and families, and they may know somebody. And so, we're trying to make sure that we have education that all of the staff at Children's Mercy could use.

Trisha: I could only imagine that this work has saved so many lives.

Jamie: Yeah, we like to think so. There's several physician and nurse practitioner leaders that really advocate for this screening in their clinics because they have – they are in clinics that actually have patients that completed suicide. And really believe in the power of screening because we know it works.

Trisha: The power of being nosy.

Jamie: Exactly.

Trisha: So, with the new statistics of the five to ten year old age group and our suicide screening starting at 12 yeas of age; do you foresee a change in that standard of work to where we start screening kids at Children's Mercy younger?

Jamie: If you get that feeling or you get that vibe that something doesn't seem right with this patient or this family dynamic doesn't seem right; you can always screen even if they are five. To my knowledge, we are not going to lower that age anytime soon. Because the age of 12 is for the current data that when it becomes significant. However, I agree, it is very concerning to know that those numbers for younger kids are also on the rise. Now that specific slide that I had, about the kids from five to ten is also really important to talk about because the numbers that are that high are specifically in African American children. So, African American children from five to ten are at higher risk of completing or attempting suicide than compared to their Caucasian peers.

Trisha: it give me goosebumps. I just, I can't put into words the feeling that I have right now.

Jamie: Exactly.

Trisha: I wish we could because we're on a podcast and we're supposed to put words to it.

Jamie: I find it also – it's distressing, and it really inspires me to really try to do more in this field of mental health and get involved. I got the calling. So, that's what I'm trying to do.

Tobie: I'm so glad that you did because I think you are really good at it and I know I am trying to figure out ways to help families open up more or just feel like I can pick up on those cues that they might be giving off and I know we're rushed often but I think hearing you talk about this, just really helps me remember to take that extra few minutes and slow things down and really try to focus in on if there are some – something a little off like you said to dig a little bit deeper, maybe into it, taking a little bit more time to do that. Do you have any tips on that? Trying to get families to open up or even say we have kids that we're talking with that they don't necessarily – they didn't have a positive suicide screen, we just noticed something a little off. Do you have any recommendations on where to go with that?

Jamie: So, I kind of have two separate thoughts about that. If you have a feeling that something is just not right, and you can't get anything out of them; I think that's worth a call to a social worker. We have awesome social workers at Children's Mercy, and they are trained to respond to the positive suicide screens, but they also have a lot of other training with therapy and different things like that. And resources that we in nursing don't necessarily get it and so I think if you ever have a thought then it would be worth it to run it by the social worker.

And then sometimes getting people to open up is really hard. And one of the things I have learned about myself during my clinical time which I'm in my first semester of clinicals right now; is using silence to my advantage. Because when you say heh, how's everything going or you guys might say, something about their ENT problem. How are your ear tubes. Do they feel good? And they or like oh yeah. But if they say nothing, it's okay, I'm learning, because I tend to want to fill the silence, but it's okay to say things like I'll wait until you're able to think of something. Again, that's going to be very hard to do in the medical world, right, because people are pushed for seeing the patients and getting through it, moving on to the next patient. So, using silence can be a little bit of an advantage. The other thing though is that I actually learned from my training in the ADHD clinic is starting with tell me something good that's going on in your life. What would your mom and dad be proud of you for? What would your teacher be proud of you for? And you start off with something good. You start getting an idea because some kids are like right away from that question, they can't think of anything. Maybe nobody has told them they are proud of them.

Which again, would be another thing to start wondering hmm, what's going on here. But then if after that, the other thing you could do is say if you really want to know if there is something going on, you ask the good question first and then you reverse it and you say, what's going on at home or at school that you think your family or your teacher thinks you need to work on? Is there something that they think you could be doing better? And from that question, you will get lots of different answers. And that's where kids will say things that you might not be expecting. So, I think that that's the balance –

Tobie: Yeah, I think that's helpful.

Jamie: Yeah, and I think that's the balance where you have to find it in your role if you ask this question knowing that's going to add on how many minutes to your visit plus if you end up having to call the social worker to get help and all that. But I think those are some good questions that I learned to ask.

Trish: I am mentally thinking about how to incorporate that in my own practice as I'm sure all of our listeners are doing. Those are very good questions. Jamie, it has been an absolute pleasure chatting with you today and learning from you today. After a heavy topic that we talked on, we try to end things on a might lighter note for our listeners. And so, tell us something fun or outrageous that you've done in 2020 to help with the pandemic and social distancing and the craziness of going back to school. Tell me something that you've done.

Jamie: Oh I haven't done anything too crazy, but I did find I talk all the time for people that know me, I'm a talker. I enjoy being social. And so I thought working from home I was not going to like. But I have found since being in school and working from home, I am getting so much done. That time that I would spend driving or doing different things like that or talking over lunch or whatever, I'm actually spending getting my notes done. And I've been able to start exercising again.

Tobie: Oh, that's fun. What kind of exercise do you like Jamie?

Jamie: Oh I mostly just do like three YouTube videos that are like aerobics of some sort.

Tobie: Nice and you're busy with your two little kids too so maybe they like help cheer you on.

Jamie: They do. My daughter sometimes will join in with me because she loves to dance so sometimes, she'll join in. My son who is only three, he doesn't necessarily join in, but he'll be like mommy, you have your arm in the wrong spot. So he likes to make sure I am doing it right.

Tobie: He's got to keep you accountable.

Jamie: Yeah. That's always helpful.

Trisha: The accountability checker of the three year old.

Jamie: Yeah, my exercise supervisor.

Tobie: That's right. Jamie, thank you so much for joining our podcast today. It is always so fun getting to talk with you and we really appreciate your expertise and are excited to see what this new chapter brings for you. So, we appreciate you.

Jamie: Thank you for having me. Yes.

Tobie: You are welcome. And stay tuned for our next episode guys. We will be chatting with Laura Coral; she is a Neurology Nurse Practitioner, and she does the Headache Clinic at Children's Mercy. She's one of the Nurse Practitioners in the Headache Clinic and I think you guys are going to really enjoy our conversation. So, stay tuned.

Trisha: If you have a topic that you would like to hear about, or you're interested in being a guest you can email us at **ttobrien@cmh.edu (mailto:ttobrien@cmh.edu)** or **twilliams@cmh.edu (mailto:twilliams@cmh.edu)**. Once again, thanks so much for listening to the Advanced Practice Perspectives.