
CONFERENCE ABSTRACT

Implementing an integrated care pathway for Somatic Symptoms and Related Disorders (SSRDs) in paediatric population

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Introduction: Somatic symptom and related disorders (SSRDs) are commonly encountered in pediatric hospital settings. These children and youth, who present with physical symptoms (e.g., headache, abdominal pain, dizziness) or emotional distress (e.g., anxiety, stress) are diagnostically and psychosocially complex, posing significant challenges for medical and behavioral health care providers. Children and adolescents with SSRDs have high health system utilization and costs and present in multiple clinical settings, have high school absenteeism, and are at elevated risk of iatrogenic harm and missed diagnoses. Patients and their caregivers present with variable readiness to engage in mental health assessment and treatment, with only 40% receiving physician-based mental health care within a year of diagnosis. There is a lack of standardization of care across and within institutions for youth with these disorders. As part of the hospital's broader strategic direction to integrate physical and mental health care, a SSRD pathway, was developed to address care needs of one of the highest resource intensive populations at a tertiary care hospital.

Methods: In 2021, a survey was conducted by our hospital's implementation team to understand hospital stakeholder priorities when considering the many areas where new integrated care projects could be launched. Stakeholders engaged in the survey included physician and operational leaders, clinical staff across the spectrum of disciplines, and a youth and family advisory panel. Focus groups (n = 57) were also conducted to solicit input and feedback. The results highlighted the need to develop a specialized care pathway for children and youth with SSRD focused on integrating physical and mental health care and support with system navigation. Using a logic model with iterative presentations to key stakeholders, the design phase included an interdisciplinary team approach with project management and operational resources to support project implementation and evaluation. Care pathways were developed based on a patient's readiness to engage in mental health treatment and where they were along their diagnostic odyssey and care journey and intensity of resources required to support their care needs.

Integrated Care Pathway: As part of the pilot pathway, a patient's care journey will be planned in accordance with their level of readiness to accept both a somatization diagnosis and a need for mental health treatment. Patients who are partially or non-receptive to mental health supports will have access to a care manager with both physical and mental health expertise. The care manager will engage with families in shifting their focus and understanding about the mind-body connection

and provide extended support with care navigation. Patients who are receptive to mental health treatments, will be referred to a group treatment program led by psychiatry and psychology with a focus on psychoeducation relating to the mind-body connection. Patients in this pathway will also have access to occupational therapy and physiotherapy resources to support with restoring function and improving school attendance, when needed. Pilot evaluation will include process and outcome measures such as number of children engaged in this pathway, time to return to functioning, completion of various mental health measures, and health resource utilization."