Case study

Working as a nurse practitioner at a community health center, I have known Lena, a 13-year-old Vietnamese teen, since she was a baby. Lena is an only child and lives with her parents, who are devoted to her well-being. Her father usually brings her for care as he is more comfortable speaking English than Lena's mother.

At one routine check-up, I saw Lena alone, without her father, as I typically do with teenagers. As a routine part of her check-up, Lena completed a standard screening questionnaire for depressive, anxiety, and attentional issues. She reported some depressive and anxiety symptoms, but her score did not meet the threshold for clinical concern.

As part of her visit, we reviewed Lena's responses to the questions. I asked if her feelings affected her functioning at school and her relationship with friends. As a safety assessment, I asked if she had ever tried to harm herself. At that point, Lena told me she had been cutting herself to deal with her anxiety. I expressed my concern and asked if she would be willing to speak with our behavioral health team. Lena agreed.

Lena and I were fortunate to have had her check-up at a community health center that prioritizes integrated behavioral health care. As a result, I could connect with the onsite behavioral health team immediately. I met with the behavioral health clinician (BHC) and the community health worker (CHW) to inform them of my concerns and introduced them to Lena. We call this a "warm handoff" – a transfer of care between health care team members that occurs in real-time with the patient and family. This type of handoff is a key component of integrated behavioral health care. It provides an immediate opportunity to meet care providers, share information, ask questions, set goals, and make care plans. In TEAM UP, we have found that families who experience a warm handoff are more likely to engage in ongoing care.

The BHC and CHW met with Lena, further assessed her safety, and discussed her feelings about follow-up services. Lena talked about stressors at school. The BHC introduced alternative strategies to deal with the emotions that led Lena to cut, strategized what to do if the feeling became overwhelming, and discussed school accommodations that might help Lena deal with her stress.

The more challenging work was explaining our concerns about Lena to her father, who joined us in the exam room. As someone who had known his daughter and his family for Lena's entire life, I played a crucial role as we explained our concerns. I could also introduce him to the people – in person – who would be following Lena. Having these discussions in a primary care setting, rather than an emergency room or a mental health clinic, made it far less stigmatizing.

His first reaction was disbelief and then denial. He could not understand why his daughter would cut herself and how she could be experiencing such distress when he and his wife provided a good life for her. He was hesitant about school accommodations as he did not want the teachers to feel his daughter had a problem. At least, at first, he did not think that Lena needed additional care.

The presence of the CHW, a Vietnamese woman who could speak with the father in his native language with the knowledge of a shared cultural perspective, was critical. She spent time talking with him about adolescent development and mental health concerns. By the end of their discussion, he agreed to allow the BHC to follow up with Lena by phone in a week. He was also open to her interfacing with the school to find support for Lena.

While I was very concerned about Lena, we had done an amazing job. Working together as a team, we provided Lena care during the visit and collaboratively set goals in a way that was respectful of her family's culture and values. At that point, Lena did not have a diagnosis—she did not even have a positive screening result. What she did have was a team of providers who identified a behavioral health problem and worked with her family to plan for her care.

~Emily Feinberg, ScD, CPNP; primary care provider at DotHouse Health & Implementation Director, TEAM UP