



Oregon Pediatric Society

A Chapter of the American Academy of Pediatrics

Oregon Pediatric Society

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Comments from providers using OPAL-K

- I recently used OPAL-K and signed up. It was invaluable. I was able to give advice to my patient in a timely manner.
- I just called for the first time today. (Thank you for the reminder that this exists!) Very helpful. Talked to the on-call psychiatrist right away, talked through my questions, agreed with me that this problem is now beyond my area of expertise and time to refer to a psychiatrist. But what was helpful was her pointing out what were the reasons for this referral (to explain to mom) and gave me some suggestions for what to do in the meantime until she is able to be seen, including encouraging me to call back if that is going to take a while and we need to make some med changes in the meantime.

I will be using this ALL THE TIME. I am so very excited about it!!

- I called OPAL-K recently about transitioning a patient with depression and anxiety to a different SSRI. I needed guidance on how to do that smoothly. I was able to talk to someone right away and then got a nice email follow up afterwards. It saved the family and me a lot of valuable time, and I got excellent advice. This is exactly the kind of thing we need! If primary care pediatricians are going to take on more responsibility for mental health care, we need ways to seek advice when these issues come up. I found it so very helpful. Thank you, Teri, for all of your work on this!!

Most Frequent Comment heard from providers while doing outreach around the state

- I wish I had known about this 'last week', 'last month', 'yesterday'.

My Personal Experiences with calling OPAL-K

16 year old male, first time visit to my office, with **new onset schizophrenia**. He had been expelled from school because faculty and staff felt his bizarre behaviors were due to repeated hallucinogen ingestion. The psychiatrist was able to calm me down, gave me advice on preliminary lab studies to order, a starting dose of an antipsychotic medication to start and the referral number to the EASA program.

My Personal Experiences with calling OPAL-K, continued

16 year old female patient of one of my partners recently **discharged from inpatient psychiatric ward**. Running out of medication prescribed at discharge before follow up appointment with outpatient psychiatry. I refilled the medications for one month in order to get her through but got a call from the pharmacist who was concerned about a **potential lethal drug interaction**. OPAL-K was able to help me sort through her medication list and come up with a plan to get her through until her psychiatry appointment.

7 year old male who told mom he was **hearing mean voices in his head**. He knew they were not 'real' but sometimes they were loud enough that it made it hard to pay attention at school. Mom very upset because her brother (who had schizophrenia) had just died the year before at 36 years old. I called OPAL-K, who suggested trying a few behavioral interventions but giving mom the option of a full 3-appointment intake evaluation. Mom made the appointment but eventually cancelled because the behavioral interventions worked. My patient quite happily and spontaneously reported to mom within a couple of weeks that the voices were quieter and he could now make them go away if he needed to.

Newborn female whose mother developed post partum psychosis after the birth of her first child. OPAL K was able to identify resources (a clinician at OHSU who specializes in psychotropic medications during pregnancy and lactation.) Also gave very the good advice that the most important preventative treatment for mom was to be sure that she got a full night's sleep every night.

18 year old male who came in describing intermittent **heroin use** over the past year. His use increased to multiple uses/day since death of his father three months prior. Covered by insurance through his mother but does not want mom to know about his addiction. Would like me to prescribe Suboxone as an outpatient. OPAL-K was able to refer me to resources for this young man.

Why I Wish OPAL-K Was Available 25 Years Ago

16 year old female (straight A) student came to my office stating she thought she was **depressed**. I agreed. There was a strong family of mental illness including her mother and 2 aunts. I consulted with one of my senior pediatric partners who made it quite clear that I did not have the training to diagnose, much less treat depression. My patient **killed herself** while waiting for an evaluation from a mental health specialist.

I still wonder if she would be alive if I had the support and guidance I needed to appropriately evaluate and initiate treatment for her.

Depression and other serious mental illnesses walk into primary care offices on a very regular basis. Our patients will be much better served by having resources such as OPAL-K available to us as we strive to best serve our patients.