

patient gains in insurance coverage under Medicaid expansion may not translate into meaningful improvements in access to office-based treatment by psychiatrists.”

They added that further research is needed to identify interventions to increase capacity to care for Medicaid patients with behavioral health needs. Because the study looked at care delivered by office-based psychiatrists only, it does not address Medicaid patients’ access to mental health services delivered in institutional settings such as community mental health centers or psychiatric hospitals.

### Lack of initiatives

Access to health care services across the board remains a challenge

for individuals on Medicaid, as even acceptance rates in the 70% range for primary care physicians and nonpsychiatry specialists indicate a suboptimal situation for Medicaid patients. But there have been comparatively fewer initiatives to help boost Medicaid participation in a psychiatry community that historically has had an even lower rate of Medicaid participation.

“For other provider groups, policy proposals have been implemented to increase the level of pay,” Wilk said. For example, the Affordable Care Act included a primary care fee bump that increased the amount of reimbursement per session that primary care physicians treating Medicaid patients could receive.

Conversely, major steps have not

been taken to close the gap between private and public payment for psychiatrists, Wilk said. “Medicaid is a notoriously low payer,” he said.

He added that the issue of expanding access to care for the underserved doesn’t boil down to insurance considerations alone. More psychiatrists overall need to be available, so attracting more medical students and fellows into psychiatry should be a priority, he said.

As another strategy, “We need to find other ways to organize delivery systems to be less dependent on psychiatrists,” Wilk said. Telepsychiatry offers promise in this regard, as do initiatives to grant full scope-of-practice authority to nurse practitioners, he cited among the possible options. •

## Novel intervention helps children, youth with coping skills

Given the current mental health workforce shortage coupled with the high prevalence of depression and anxiety in youth, an evidence-based therapy program delivered in the community and colleges is helping children, teenagers and young adults “cope” with mental health challenges.

COPE (Creating Opportunities for Personal Empowerment) for Children, Teens and College-Age Students is a manualized intervention program that incorporates the key concepts from cognitive-based therapy into a seven-session skills-building program that can be delivered in brief 25- to 30-minute sessions.

The evidence-based program can be administered by a variety of people, after training in a four-hour workshop, including health care professionals, psychologists, social workers and community mental health counselors, as well as by teachers, said Bernadette Melnyk, Ph.D., APRN-CNP, nationally renowned

### Bottom Line...

*The creator and designer of an innovative model in helping youth with mental health issues was recently honored for her decades-long effort by the American Academy of Nursing.*

researcher, educator and nurse practitioner, and designer of COPE.

“I call it a preventive intervention strategy,” she told *MHW*. The purpose of COPE is to teach children, teenagers and college students the behavioral skills to ultimately decrease depression, anxiety and stress, as well as improve healthy lifestyle behaviors and academic performance, Melnyk said. “We know that cognitive behavioral therapy is good standard evidence-based treatment for depression and anxiety, but so few get it because we don’t have enough mental health providers,” she said.

Melnyk said she spent nearly 30 years of her career developing and testing the preventive intervention strategy. Primary care providers in practice in 44 states are currently using the program with children, teens and young adults, she said. Middle

schools and high schools are delivering it as a preventive intervention strategy in their classrooms. The program is also available in five countries.

### Program components

The core principle of the program is that it is based on the fact that thinking affects feelings and behaviors, said Melnyk. “We teach them that how they think directly relates to how they feel and behave,” she said. Melnyk explained that when a young person is involved in an “activating event,” such as being called a nerd, for example, a negative belief follows. “We teach them to stop the negative thoughts and turn it into a positive feeling,” she said.

“The program has all the key concepts of cognitive behavioral therapy in it,” including mindfulness, said Melnyk of the program available for children, adolescents and young adults, 18 to 24.

Sixteen states have documented positive outcomes of this program, Melnyk stated. “The nice thing is that it’s all manualized,” she said. Its program content and skills are in a

**Continues on next page**

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**Continued from previous page**

manual workbook. This manualized program offers an opportunity to bring skills to so many teens and children affected by depression and anxiety who may not otherwise receive treatment, she said. Reimbursement is provided by public and private payers, she added.

Another COPE initiative, the evidence-based 15-session COPE Healthy Lifestyles TEEN (Thinking, Emotions, Exercise and Nutrition) manual-based program, builds upon the skills

with high school teens indicate: (1) decreases in depressive and anxiety symptoms; (2) increases in self-esteem, healthy lifestyle beliefs, healthy lifestyle behaviors and physical activity; and (3) higher academic retention rates. The research concluded that with the COPE program, the advanced practice nurse in busy outpatient practice can provide timely, evidence-based therapy for adolescents and use the full extent of his/her advanced practice nursing knowledge and skills.

and interventions demonstrate significant outcomes, clinically and financially, through the leadership, ingenuity and determination of nurses.

AAN officials noted that Melnyk's program has been successful in lowering depression, anxiety, suicidal intent and anger within those participating.

Central to the Edge Runners initiative is the potential for these innovative models to be widely utilized, they said. The National Cancer Institute gave the COPE program its highest rating (5 out of 5) for its dissemination capability.

The program is an important one, said Melnyk. Suicide is the second-leading cause of death among those 10 to 34 years old, she said. "We can't wait until a crisis," she said. "This country needs to put more emphasis on prevention and early intervention so that we can cut the suicide rate down."

Melnyk added, "I'm blessed that a program I worked on my entire career can be used to help children, teens and young adults in this country and in other countries. Most researchers never get a chance to see their work actually used in the real world to impact people's lives." •

For more information, visit [www.cope2thriveonline.com](http://www.cope2thriveonline.com).

## **'Most researchers never get a chance to see their work actually used in the real world to impact people's lives.'**

Bernadette Melnyk, Ph.D., APRN-CNP

learned in the 7-Session Teen Program by including sessions on healthy nutrition and physical activity, helping teens to engage in healthy lifestyle behaviors, improve their self-esteem, cope with stress and lessen anxiety and depressive symptoms.

The *Journal of Child and Adolescent Psychiatric Nursing* noted that findings from pilot studies testing the 15-session COPE program

### **'Edge Runner' innovator**

The American Academy of Nursing (AAN) recognized Melnyk as an Academy Edge Runner for the COPE program in May. The Academy's Edge Runners are nurse innovators who have charted a new course and ushered in remarkable improvement to major health care challenges at every level, officials stated in a press release. Edge Runner models of care

## **Can mothers taking lithium for bipolar disorder breastfeed?**

The continuation of lithium for patients who are breastfeeding remains a controversial topic, say researchers, adding that clinical recommendations vary. The topic has not involved much research; however, a recently published systematic literature review sheds new light on the subject.

Pregnancy and the postpartum period are especially vulnerable times for women with bipolar disorder who have an increased risk of episode recurrence and postpartum psychosis, say researchers from Northwestern University and the

University of Pittsburgh. Bipolar disorder is associated with poor birth outcomes (e.g., preterm birth and small for gestational age), as well as an increased risk for suicide, a leading cause of maternal death, they stated.

Lithium is the gold standard for bipolar disorder treatment and is effective at preventing mania recurrence and postpartum psychosis, according to the research, "Risk-Benefit Assessment of Infant Exposure to Lithium Through Breast Milk: A Systematic Review of the Literature," published online June 10 in the *International Review of Psychiatry*.

An assistant professor in the Department of Psychiatry and Obstetrics and Gynecology at Northwestern University says many of her patients who are pregnant and postpartum planning ask if they can breastfeed. "I want to make sure I'm up to date with all the evidence to guide them," Crystal T. Clark, M.D., M.Sc., lead author of the systemic literature review, told *MHW*. "We want to use evidence-based data to help the field and my patients understand what we know and what we don't know about the risks [involved in] medication for bipolar disorder in