IDENTIFYING POSTTRAUMATIC STRESS DISORDER IN A PEDIATRIC MOBILE CLINIC: TWO CASE STUDIES

Vlahovich, K., Arnberger, R., Olteanu, A.

The New Orleans Children's Health Project (NOCHP) is a pediatric mobile health program developed as a partnership between the Children’s Health Fund and Tulane School of Medicine, Department of Pediatrics. NOCHP operates out of two state-of-the-art mobile clinics to provide a true medical home to its patients. One clinic offers free or low cost pediatric primary care services and the second mobile clinic provides mental health services to children and families. NOCHP services are provided in four underserved communities in the Greater New Orleans area.

The need for close collaboration between medical and mental health providers regarding the identification of posttraumatic stress disorder is illustrated in two case presentations of NOCHP patients. We discuss two patients, one of whom initially presented to the medical unit with a chief complaint of pruritic lesions and the other to the mental health unit for assistance for attention deficit hyperactivity disorder. Both patients presented with complaints unrelated to psychological trauma at their initial appointments but were later identified as having posttraumatic stress disorder related to their experiences with Hurricane Katrina. Both patients received services on both mobile units, thus providing them with an enhanced medical home.

These cases illustrate the challenges experienced in identifying posttraumatic stress disorder (PTSD) in children in post-Katrina New Orleans. These challenges include the masking of PTSD symptoms by other behaviors such as hyperactivity or oppositionality, the tendency of providers to rule out PTSD in children who were not physically present in the hurricane, the general lack of knowledge and training in professionals regarding how to detect this disorder in children, as well as the problem of children having to be seen by adult providers due to the shortage of pediatric psychiatric providers.

In conclusion, these two cases illustrate the importance of the integration of mental health services into primary care, especially in a post-disaster setting. These cases also illustrate that our model of care on two mobile units is effective in providing high quality, comprehensive primary and mental health care to vulnerable patients without a medical home.