Amy E Glass: Welcome. This is an episode of the NM-ABC Podcast: Conversations about youth mental health in New Mexico.

----INTERVIEW BEGINS----

Amy E Glass: Welcome, I am Amy Glass, the program manager for NM-ABC, which is a partnership between the New Mexico Department of Health and the UNM Center for Development and Disability. NM-ABC provides no-cost consults and training for providers who support youth mental health in New Mexico.

Amy E Glass: and today we are here for a conversation about how pediatricians and other providers can partner effectively with parents and caregivers in caring for youth with mental or behavioral health concerns.

Amy E Glass: and I would like to introduce our guest for today-- pediatrician Dr. Karen Walsh. And I am so glad she could join us for this conversation, and I should disclose that out of all the pediatricians that I know, I asked Dr. Walsh to join me for this conversation because she served as the pediatrician for 3 of my children for 15 years here in New Mexico, and they each had quite unique needs, strengths, and challenges.

Amy E Glass: Dr. Walsh, you were an absolute lifesaver for me as a parent dealing with some difficult issues. I felt supported, like I had a true partner in their care, and that the communication was really excellent, and my children felt that way, too.

Amy E Glass: So, although we aren't going to discuss my children because of privacy issues, I am personally aware that you do an amazing job partnering with parents, and have a lot of experience and wisdom to share here. So welcome.

Karen Walsh: Thank you. Thank you for the wonderful introduction. It was a pleasure, and and it was something that I truly enjoyed and enjoyed with many, many families over the years in primary care, and mental health and behavioral issues are near and dear to my heart. So I really appreciate the invitation, and look forward to to what we have to say here.

Amy E Glass: Yeah.

Amy E Glass: And so first, I was wondering if you could just share a little bit about your background in pediatric medicine and in what types of settings that you've practiced. And where are you practicing now?

Karen Walsh: Great. So after training, I did work in a practice in an underserved area northwestern Chicago, in a suburban but underserved area. This was a brand new primary care practice. I was hired by a group of OBs who needed help, taking care of the babies that they delivered, and so I saw a lot of newborns, but also

Karen Walsh: there was a large group of families, including the families of the newborns that needed to be served. So there were 2 of us in that practice. I did that for a year. It was even more challenging than residency in a lot of ways, because we didn't do as much primary care in residency, and it was a huge learning curve. A lot of my patients were Spanish speaking, so I had also a very large learning curve.

Karen Walsh: learning Spanish, because that was a lot easier than than using translators all the time. So I learned a lot from the families, and it was a blend of all different kinds of cultures as well. The next year, though.

Karen Walsh: my dream job opened up and I was asked to work at the Public Health Clinic at the University of Chicago, where I had trained for undergrad and medical school before going off to residency. And so I was there for 3 years as a primary caregiver and also medical director for the last 2 years I was there, so I

Karen Walsh: learned a lot about others, and that was an underserved clinic. So that was another area that I really enjoyed in that part of the city which is on the south side of Chicago.

Karen Walsh: I worked in child abuse there, and also gained a lot of interest in mental health issues there and along the way we adopted a child from foster care, and I had a baby of my own

Karen Walsh: ...gave birth to a baby, I should say, not that the other wasn't a child of my own. And then, along the way we decided to move out of the inner city and ended up in Rio Rancho, working for Presbyterian. I was a primary care doctor there, and that's where I met Amy and her family, and many, many other families in Rio Rancho, and from surrounding communities as far as Santa Fe, Edgewood, Laguna.

Karen Walsh: all kinds of the Pueblos Northwest. So it was again a very diverse population, and and as everyone in New Mexico knows, New Mexico is quite an underserved community, and the mental health challenges here are tremendous as well. So

Karen Walsh: I was there for 27 years, and then the last year and a half I've been at the Presbyterian downtown newborn nursery for a change of pace. So I take care of newborns and and the families that are there for a short period of time.

Karen Walsh: So I've had quite a bit of diversity, but often in underserved areas.

Amy E Glass: What an amazing career!

Amy E Glass: Challenging, but very rewarding.

Amy E Glass: All right. Well, I mean, as I know you already know, research indicates that mental health concerns and needs have increasingly been showing up in general pediatric practices. Is that your

experience? And how do you see the frequency of those types of concerns increasing or changing over the past

Amy E Glass: few decades or few years, and and which types of of issues did you encounter most frequently.

Karen Walsh: Definitely the mental health concerns have blossomed. I think there's always been, you know, a level of that. And in my training we didn't do much of the mental health training, and I think that that continues to be the case. But there's much more of an emphasis on it in pediatric training than there used to be because of the shortage of mental health providers and child psychiatrists. I became interested

Karen Walsh: because of my own personal experiences and and also my, in my practice there was primarily the initial sorts of things were general behavior concerns in preschoolers and school age kids. And then also ADHD is also a big concern for a lot of families, and oftentimes isn't recognized until

Karen Walsh: they're older school age and even later school age. And now adults are quite recognized and being treated as well. And I learned a lot because of some of the challenges my my child had that came through foster care, because that was a lot of children have trauma and are abused end up with significant mental health issues, both genetically and

Karen Walsh: and environmentally. And so I decided I really needed a lot more training than I had gotten other than just trial by fire in practice. And so I did a lot of extra workshops and long training programs.

Karen Walsh: workshops, you know, 3 and 4 day training programs. And then some of the the ones that I specifically gained the most from had a component of 6 months of follow up case studies that we did with group training.

Karen Walsh: And so the the most common ones now, and especially since the pandemic, in addition to the ADHD is going to be anxiety and depression and dealing with substance abuse issues in the family. That's always been an issue. And

Karen Walsh: and then autism and recognition of the scope of autism, although there is an increase in the numbers. But there's also a much broader diagnosis

Karen Walsh: of children with autism that that was a much narrower diagnosis in the past. So those are the kinds of concerns that we, as pediatricians, are seeing all of those things in huge numbers, and a lot of it is just having to manage it ourselves, because there's not enough providers out there, and so

Karen Walsh: prescribing medications and then trying to help find therapists, and and being what I consider kind of a lifeline for a lot of families that just need to have some sort of support, and then partnering

with schools is a really big piece of what we do and helping the families navigate the school system and the mental health system.

Amy E Glass: It's a lot.

Amy E Glass: When when did you feel comfortable managing different kinds of conditions? And when did you feel like I need to refer this to to a specialist, you know, just.

Karen Walsh: Well, that's that's really going to vary from one provider, one pediatrician or nurse practitioner to the next, based on their experience. And and Presbyterian did offer quite a bit of training and workshops and such with some of the professionals within Presbyterian. And so so that was really helpful, because they had inside folks to help us, and in our clinic we had

Karen Walsh: a child psychiatrist in the clinic as well as 2 mental health providers that had pediatric training. And so we had folks to even just to consult with

Karen Walsh: within the clinic, and also to refer to. So that helped a lot because we could manage kids that that we wouldn't ordinarily be comfortable with, because they were there to help us out

Karen Walsh: and to help with. Oh, yeah, we can take that patient, and the ones that the counselors did short term treatment, with maybe 3 or 4 visits up to half a dozen visits, and then the community based folks would be ones that would do longer term

Karen Walsh: starting with, you know, children as young as 3 years old, or so up through adolescence.

Karen Walsh: and then also the psychiatrists and some of the other folks that work for Presbyterian could help us out with, with which medications to use and how to to add medications and such. But but you know some folks aren't really as comfortable dealing with that, and so would refer out sooner.

Karen Walsh: But with the lack of access we had to do a lot of that, whether we were as comfortable with it or not. Sometimes so.

Amy E Glass: Integrated behavioral health folks in your system was wonderful.

Karen Walsh: That was really huge, and a lot of places don't have that. And so we were very lucky. And we had really good people, I mean our embedded child psychiatrist was that is, still fabulous, and a huge resource, and very experienced and very open to consultation. And so that that was just wonderful for us

Karen Walsh: and for the families too, because it was somewhat seamless of a transition, and then she would send patients back. But we still, you know, for us to manage after things stabilized, and then then she was still a resource if we had concerns or questions. So it really was a

very, very nice system, or is a very nice system for families, because they felt like they had a team of people helping them out.

Karen Walsh: and sometimes that worked well with schools as well that we would be able to help with

Karen Walsh: helping folks understand the the

Karen Walsh: the whole system of what an IEP is, and what different services are at school, and and we could sometimes work with the specific people at individual schools and what their rights were, and that there are advocates to contact at the school

Karen Walsh: school system that can come and be with them at IEPs. That they do have, you know, district and even school specific

Karen Walsh: parents, volunteers, and such or professional volunteers that can come to the IEPs and help be their advocate

Karen Walsh: to help understand that system as well.

Karen Walsh: because that can be very daunting.

Amy E Glass: Yeah. So in addition to your own clinical knowledge, you're bringing in knowledge about resources and how the systems interact. And that's

Amy E Glass: if only every practice could have those, all those.

Karen Walsh: Yeah. Yeah. And again, I learned so much and and eventually adopted a second child through CYFD, and and that was probably my biggest learning tool was living through these experiences on my own, and and being able to empathize with families that had had kids with significant mental health issues, because

Karen Walsh: not only did I have the book knowledge, or what I learned from professionals, I was living that experience and understanding the pitfalls of it, and the emotional and physical drain that that brought on. And and it's a lifelong

Karen Walsh: kind of commitment, because that just doesn't go away. When a child, you know, matures and and leaves the home. So

Amy E Glass: Thats for sure.

Karen Walsh: You know. So I have.

Karen Walsh: You know I still have my trials and tribulations, and so I still can empathize with, you know, with what's going on, because those their past traumas don't just disappear.

Amy E Glass: Right?

Amy E Glass: No. This is a huge question.

Karen Walsh: Sure.

Amy E Glass: What do you see as the biggest pitfall or area of potential missteps for pediatric providers who are dealing with mental health concerns in their practices?

Karen Walsh: You know, I think it. It can be important to create a safe relationship and to listen, but also to

Karen Walsh: you know, to meet people where they're at, because sometimes the parents are overwhelmed, sometimes they're angry, sometimes they don't understand what's going on for them or for their children's for their children. I'm sorry, and they they often aren't as objective

Karen Walsh: about their own child. I mean, none of us is totally objective about our own child so

Karen Walsh: so it can be really difficult to to find that middle ground and to offer advice. But try not to be too harsh or too lenient in terms of what your perspective is. And and I think it is

Karen Walsh: trying to find the dynamic within the family, and then how to help them interact with the professionals because they feel very most parents feel very.

Karen Walsh: maybe subservient is the wrong word. But they feel like they're they're caught because the the people both in the schools and in the health systems and other systems, have some power over them because they they are telling them. This is what you have to do. And this is what's wrong with your child, or this is what the way the system works. And so they feel very disempowered, and so trying to find a way to

Karen Walsh: help them understand that even if their child has a problem, it doesn't mean that there's that. That's

Karen Walsh: that. That means there's something bad that they've done something wrong, that there's something terrible about their child, or if there is a concern, you know that that they have to try and work again as a team to find what's best for the kid, and oftentimes a child themselves, or the parents feel like they're being targeted.

Karen Walsh: and that that people aren't, you know, are just thinking their kids are bad and want to just get rid of them or get rid of the problem. And so.

Karen Walsh: you know, treading that fine line can be difficult, and and we try and be the

Karen Walsh: the go between in some ways and try and empathize. But also sometimes there has to be.

Karen Walsh: you know, some recognition of of their emotional state and their and trying to be more objective about what is really best for the

child, and and for us to listen and try and hear where they're coming from, and not be judgmental, because it is hard sometimes to not just say

Karen Walsh: if you would just listen to me, I could really help you. And you know there are people that are very anti-medication. But sometimes, if you do it right that can just make a child's life so much better, and that, you know I often had to tell parents. You know I don't get any kickback from

Karen Walsh: from prescribing medication. I'm doing this and recommending this because of the many experiences I've had, and it's not a forever thing it's if if you try it, and it doesn't work. Then we stop doing it.

Karen Walsh: you know, and if we try something else and it doesn't work, it's it's a it's a process, not not a sign on the dotted line contract. And so I think that when people

Karen Walsh: could understand that I was a partner with them, or if you can try and partner with them, and not just say, This is it, and if you don't do this, then

Karen Walsh: then I'm not going to trust you or take care of you or your child and and make it, you know, an open ended, you know. Just listen, hear me out, and then you get to make the decisions, but at least hear my perspective, because this is what I do.

Karen Walsh: and I'm trying to do the.

Amy E Glass: So bringing a

Amy E Glass: a collaborative kind of model to to the communication, and and trying to be empowering with caregivers who may feel very disenfranchised or or disempowered.

Amy E Glass: and and being strength based.

Amy E Glass: Boy, how wonderful!

Amy E Glass: on the other end, what advice do you have for parents and caregivers in working effectively with their pediatricians or other primary care. Providers.

Karen Walsh: You know I see it as a give and take that we each have our roles, and that you have to say, look, this is my perspective, and this is what I expect

Karen Walsh: for you to do is to communicate and tell me what your perspective is, and not, and to expect less non-judgmental kinds of care.

Karen Walsh: and that you can expect that that you can have expectations of me, that I will respond, or that my office will respond, and that we will listen and be caring, but that you can't just call and demand things this moment.

Karen Walsh: that there is going to be some

Karen Walsh: responsibility on your part to call at the right time for refills, or call with some respect for how long it might take to get an appointment, or to leave a message and know that it, you know, to know that there are going to be boundaries, but that your child will always be

Karen Walsh: a priority to us.

Karen Walsh: and and you know that that there are going to be things that we don't have control over

Karen Walsh: like a pharmacy being out of a medication or the school having this or that ridiculous rule, or you know.

Amy E Glass: Right.

Karen Walsh: And that we can't necessarily write notes that say that your kid was out of school and had this illness. If we don't know what really is going on, or, you know, just simple, logistical things.

Karen Walsh: but that we will do the best that we can do to provide the best care for your child.

Amy E Glass: And you know you, you were kind of

Amy E Glass: going in this direction and talking about medications. But there is considerable stigma around mental health issues and medication for mental or behavioral health concerns. Do you have any tips for how providers can address some of that stigma or alleviate concerns that families have about what it means

Amy E Glass: to to have a mental health concern.

Karen Walsh: Absolutely. I do think that there are times that

Karen Walsh: you know that medication's not needed, and you know, and there's nothing wrong with saying, you know. Let's try something else. First, let's you know, it depends on the concern. Of course. I mean, there are some issues that don't need medication, and there are some cases where we try it, and it doesn't work, and it isn't necessary. I'm a huge advocate for going to therapy, whether it's for depression, anxiety even for ADHD.

Karen Walsh: certainly for things like autism.

Karen Walsh: There are wonderful therapies that sometimes get a really bad rap because people spend time on the Internet hearing terrible reading terrible things about certain types of therapy without really understanding. They just hear what one person's comment is, or a whole thread of comments about. This is terrible, and it's, you know, abusive to your child. Or what have you? Without really understanding what the modality is? And that's true of lots of different kinds of therapies.

Karen Walsh: and and then also with medications, too, that they're absolutely wrong. And they're dangerous. And and anything that's done inappropriately, whether it's an allergy medicine or a heart medicine, or anything like that, has to be done with care, and dosed appropriately, and followed appropriately. And

Karen Walsh: and so I think that you know not just saying, Oh, your child absolutely needs medication. If you don't do this, you're a terrible parent, which I think is what a lot of parents hear.

Karen Walsh: or you know whether it's just the message isn't being delivered in a, you know, in a kind and caring way, or in a way that makes the parent feel like they're part of the process, you know, I think, is really huge.

Karen Walsh: and you know, sometimes one parent is on board and the other parent isn't. Sometimes the parents don't live together, and it becomes a big battle. And so those are the kind of things that both as parents and providers, we need to again create this relationship that really

Karen Walsh: so that we trust one another and know that you know that the parent does have a say in it. And and the child, as they get older, has a say in it, and and that we monitor really regularly whatever medication it is.

Karen Walsh: And although interestingly, there are studies like with kids with ADHD, where they

Karen Walsh: it was in an adolescent population where they had the kids take the medicine and do some kind of a testing short term testing, and then they had them not take the medication over a span of several days and then got the parents reaction. And the scores of this testing and the kids reaction.

Karen Walsh: And the kids said they had much more focus when they didn't have to take the medication. And the parents or teachers said the kids were much more focused, and the scores were much better when they were on the medication than off the medication, so that sometimes a subjective. Oh, I do I you know I'm so much more creative, and I think so much better when I don't take the medication. Yet the objective scoring

Karen Walsh: showed that they actually performed much better on the medication. So sometimes a kid's perception of you know how they behave or how they. This was more about focus and concentration, and not necessarily behavior, because it was just a simple, you know.

Karen Walsh: scored test in an area that they had been learning. But it was oftentimes what we see, and it was like a 14 or 15 year olds. So when you ask little kids, they oftentimes don't have a clue whether they're.

Amy E Glass: Yeah.

Karen Walsh: And in my own kids I could tell within 15 min with my oldest son if he'd taken his medication or not, because his voice was totally

different. He had a high pitched, really fast tempo to his to his speech, and an hour after taking it, that totally changed. So if he said. Oh, I took my medication. I'm doing just fine. You could tell right away. It's like, I don't think you took it, and you know, and he had. No, he just wasn't able to

Karen Walsh: recognize that. He was not able to focus or to to manage.

Karen Walsh: So you know, but as they get older. They make their own choices about that.

Amy E Glass: Okay.

Amy E Glass: What's it like for you when the caregivers or the older youth decide not to follow recommendations for therapy or medication, or anything right.

Karen Walsh: Well, I think then, you just, you know, especially if the child and the parents are on board, you know. I just say, well, you know that's certainly your choice, and you know I'm not going to stop taking care of you unless it's another, you know, if it's not a behavioral kind of medicine, but it's like a asthma medicine or a diabetes medicine, or something like that. Then I might be a little more forceful that it's dangerous, you know, I think you try and have to try and respect

Karen Walsh: you say I don't necessarily agree, especially if the parent wants the child to do something, and the child just refuses. You know, that can be really hard. In some kids cases it is very dangerous because they do really impulsive or dangerous things, or if they're depressed, they're doing self-harming things, or or that kind of thing. But you have to, just, you know. Say, this is really not what I recommend, and I really feel that you'd be better off doing this this or this. But I'm not going to.

Karen Walsh: you know. Very rarely. Will you say I won't see you anymore because of this, but you can also say I'm not sure that I can help you with what's going on for you, because this is the advice I'm giving about XY. Or Z. And I think we've reached an impasse here.

Karen Walsh: So if you want me to continue treating you, you're welcome to come back.

Karen Walsh: But if your answer is still going to be completely different than what I'm recommending, I don't know, you know, that we're going to make much progress.

Amy E Glass: Yeah.

Amy E Glass: They're just just. This is the way things are right.

Karen Walsh: Yeah. Yeah.

Karen Walsh: And if you don't agree with that, I you know you get to make that decision. It's not my decision to make. My my job is to give you the advice that I think is correct. But

Karen Walsh: but you, as a family, get to make those decisions.

Amy E Glass: And what about follow up care? So.

Amy E Glass: You know, one of the ways that you provided wonderful care for my family was through all those brief follow up phone appointments to check on current dose or side effects, or just general, you know, mood, or how are they doing? And I also know that as a parent it's really hard to make time for, you know, for appointments, because you're always moving from one crisis to the next.

Amy E Glass: Absolutely hopefully, not. But yeah.

Karen Walsh: Not right.

Amy E Glass: That's how it feels, you know, and and routine follow up can feel lower priority like, oh, they're fine, you know, so we don't need to talk, or we don't need that appointment. How do you encourage that important monitoring? And you know, keeping track of how things are.

Karen Walsh: I think definitely, the follow up is very important when you're talking about a mental health issue of any kind.

Karen Walsh: And I mean ADHD falls into that category, although that's not as as intense as maybe a depression that a child's very can be very up and down, especially the adolescents. But even the younger kids. And I think that you know we do. Sometimes it can be a quick phone. Follow up sometimes, if it's a younger kid, it can just be with a phone.

Karen Walsh: you know, when it's a med follow up. Just make sure that, you know. Do you feel like the kid's doing okay? And do you feel like there's a need for a dose change, or what have you? We keep really close track of when we change doses, and if it's been a dose change. Then we want a more.

Karen Walsh: sooner follow up. If it's if someone's been on a dose for a long period of time and doing well, then, a video visit at 3 to 6 month intervals should be fine. We do like to see in person every 6 to 12 months for any kind of mental health sort of thing, and when they get older a lot of times I'll do a video visit with the adolescent.

Karen Walsh: and some of the kids are in counseling. So that's not as much of a concern. But if they're not.

Karen Walsh: you know some of the kids, because I often have developed relationships over a long period of time. The kids are sometimes more comfortable talking to me about things

Karen Walsh: because I've known them since they were much younger, and will tell me things that they don't necessarily want to talk to their

parents about, or that unless, you know, unless there's self harm or something like that, that I'm really concerned about. Then I often will bring. Tell them we need to bring your parent in, or you need to tell me when you talk to your parent about this, or with a counselor, they may not see as often, or they may not be

Karen Walsh: as volatile, and may not need to talk to a counselor, but just to kind of get a sense of what's going on for them. And I found that because I had those relationships the medication follow ups were also a good way for me to check in, and I felt comfortable with some families or some kids to do that with those checkups, and sometimes it was every couple of weeks

Karen Walsh: and other times. It was every 3 months or so, so I think it really varies on each situation, and each person and each family, how frequent those would be, but definitely that needs to be done on a fairly regular basis with any kind of mental health medication, and especially with any changes.

Amy E Glass: And how how do you?

Amy E Glass: Pediatricians and primary care providers are dealing with

Amy E Glass: the need for very brief appointments, and you know, billing expectations of how many people get seen and how long they're seen for? And how do you try to balance excellent

Amy E Glass: patient care and service with those real world demands?

Karen Walsh: That's that was a huge challenge. And especially when you know, after Covid, when there was just a huge number of of kids that you know, really had significant

Karen Walsh: problems going back to school, and it varied on their ages. The kids who were right in the middle of middle school really changed because they didn't have that developmental interaction with their peers that that's so important in 6th 7, 8th grade. And then some of the high school kids got completely thrown off their their social lives were not.

Karen Walsh: you know, we're not normative, and they're still having repercussions from that. And some of the young kids going into kindergarten or 1st grade didn't learn social skills that they needed to learn at that point. So it was, it just threw the world for a loop. And it really affected kids. And and so

Karen Walsh: so I think that part made it even harder because we did nothing basically except video visits for 2 years, and then then everything just came crashing in. And so it was hard, because we were under a lot of pressure, to ramp back up and see people, and you know.

Karen Walsh: and some of us just, you know, we could bill for longer visits and had to build those in. But again we were not wired to say, Okay, well, sorry. Time's up. You got to go, because that's just not who we are, as pediatricians and primary care doctors.

Karen Walsh: We're just not wired that way, and we don't practice that way. So unfortunately, I used to stay on time, really, really, really well, and after the pandemic my timing just didn't work that way anymore. And even regular well child visits ended up being longer, because it was rarely just. Oh, yeah, everything's great, you know. See you in 6 months, or see you in a year it just

Karen Walsh: because everybody's life was was upended. And so

Karen Walsh: So that became very challenging. And there were a much larger percentage of kids that were just not coping, and became suicidal and became very depressed. And again, I wasn't willing, and most of my partners weren't willing to just brush it off, and there was nowhere to send these young people to get care. And so

Karen Walsh: It was exhausting. And so the hours in the office and documenting all this, because the next time you see somebody, you have to remember what you guys talked about the last time, or you're not really doing your job. Well. So now there's a lot more AI and the charting that can happen in primary care, which I'm not as familiar with, but from what I hear from my colleagues, it's really made things easier to document.

Karen Walsh: And so that's made a big difference. But you know, 14 and 15 hr days were not unusual. And so and that that was emotionally draining.

Karen Walsh: Because, you know, no matter what you do, you're going to care about the people you take care of.

Karen Walsh: And again, long term relationships don't just.

Karen Walsh: you know, don't just disappear or don't just become unimportant. So

Karen Walsh: So it it. It was always difficult to work within the parameters of what what the administrators felt was appropriate, and then it just became

Karen Walsh: even untenable in my mind.

Karen Walsh: So

Karen Walsh: and that was one of the reasons that I mean after doing it for over 30 years, all told, I just couldn't keep up with that anymore my emotionally, it was more of an emotional and physical drain. And so I needed to do something a little bit different, and not because I didn't enjoy what I was doing

Karen Walsh: right. And you know, and I probably had the largest number of I mean, our group saw a lot of mental health

Karen Walsh: issues. But I probably I've always been drawn to that like, I said, and always had that

Karen Walsh: kind of experience that was was very important to me, and so.

Amy E Glass: Yeah. And I know there are a lot of primary care. Folks who say that even when it's not the presenting concern, that mental health is part of, you know, 95% of visits as just.

Karen Walsh: Absolutely absolutely.

Karen Walsh: Yeah, yeah.

Karen Walsh: you know. And it it took its toll on a huge I mean there the the mental health toll and the suicide rate of physicians has skyrocketed in the last 5 or 6 years, and and it does. It just takes away

Karen Walsh: so much emotional energy that it it.

Karen Walsh: it becomes something that is, either you have to shut down and not care, or you have to just really give up a huge amount of who you are.

Karen Walsh: And

Karen Walsh: and it's it's sad because we go into this profession, because, especially in pediatrics, it was I went into pediatrics because I found that

Karen Walsh: when I did my training. The pediatricians were the happiest people that I worked with, and that you could laugh every day, and I still laughed every day. I still smiled every day, even when it was hard.

Karen Walsh: because it just was where the joy was.

Karen Walsh: and I couldn't see myself taking care of adults who didn't always take care of themselves for the rest of my life, and take care of diseases that they created themselves. I mean, this was when I was 26 27 years old, and I was like, I just can't do this forever. You know I want to be around people who have joy in their life, and who, you know, and the providers all had joy in their life, in their in their day to day, and I still

Karen Walsh: that still every day, even as hard as it was, I still found joy in what I did. It was just that it it wasn't enough to get me through the

Karen Walsh: the difficult part of it.

Karen Walsh: And so which, you know, I had to just kind of raise the white flag because I just after 30 years of it, I couldn't. I couldn't keep that pace up.

Karen Walsh: and I didn't want to stop being doing this job, you know, doing something.

Amy E Glass: Right.

Amy E Glass: You know my background as a therapist, we're very aware of secondary traumatic stress and vicarious trauma. And and you know those things that that impact our work, and I'm not sure there is as much attention to that in primary care and pediatrics, even though you're having these crammed full days with a lot of mental health issues.

Karen Walsh: Yeah. And and they tried. But the the need is so great, and this is a state where the need is even greater than most places, although I mean I read articles and read about some folks that

Karen Walsh: were in rural communities, and, like Kentucky, this woman was the primary care, pediatrician for this huge area, and

Karen Walsh: and she was the only game, for, like counties and her load of mental health

Karen Walsh: treatment, I read that. And I was like, okay, we don't have it that bad. This poor woman was just inundated, and I thought, I don't know how she survived the 2 or 3 years of what was described in this article journal article that I read, and I thought, Oh, my God! You know I.

Amy E Glass: Some of our rural areas in in New Mexico.

Karen Walsh: Oh, yeah.

Amy E Glass: Have no primary care.

Karen Walsh: Right right.

Karen Walsh: and I just thought, Oh, my goodness, I I could never have done it without the partners I have around me. I was. The group I was in was just

Karen Walsh: is incredible. It's an incredible group and and huge amounts of support. When you have a tough day or a tough patient. There's always somebody to go to. And just say, I just need to talk a minute. This, this really really shook me up.

Karen Walsh: and we did that for each other all the time.

Amy E Glass: And that's that's that's a lovely segue for for me to again say that NMABC offers case consults with our UNM child and adolescent psychiatrists for providers who don't have integrated behavioral health or

Amy E Glass: supportive group practices so they can call and get that kind of support. And you know, have it feel like a team kind of a approach, even if if they are practicing in in remote areas. So.

Karen Walsh: That's huge, because that was something. You know, that we sent a lot of kids to the developmental and disability clinic for evaluations, which is a wonderful place. It's just that you again don't have enough providers to be able to keep up, because there's just such a demand.

Karen Walsh: and and when they go there they get the best and most thorough evaluations anywhere, and we've always said, you know, if you want to get the best you have to wait. But but you'll always get an amazing evaluation when you go to the CDD.

Karen Walsh: At UNM. So.

Amy E Glass: CDD is really working on those waits. So.

Karen Walsh: Oh, I know you always. I mean they always have. It's just that the need seems to continue to grow, no matter how many providers you have.

Amy E Glass: It's true.

Karen Walsh: Yeah.

Amy E Glass: Well, are there any last thoughts that you'd like to share with with other providers?

Karen Walsh: You know, I think. Just try and learn as much as you can. Use your colleagues for help and

Karen Walsh: just know that everything that you do has value, and the more you can learn, and the more you can listen.

Karen Walsh: The more you can help the community.

Amy E Glass: Oh.

Amy E Glass: oh, that's a fantastic place to to wrap it up! I I really appreciate your your time and sharing your experiences in such a a genuine and thoughtful way.

Karen Walsh: Well, I appreciate having worked with you and your family, and knowing that you know that you're giving back to the community because you know, you were always just so

Karen Walsh: kind and caring, and obviously your your family, you know.

Karen Walsh: had someone that was going to be there for them. And I think that's what kids need.

Karen Walsh: because we're going to make. You're all you know. We all make mistakes. None of us is perfect parent.

Karen Walsh: and we all need to just plow through it.

Amy E Glass: Plow through it. That's our motto.

Karen Walsh: Yes.

Amy E Glass: Alright. Well, well, thank you for talking today, and.

Karen Walsh: Absolutely.

Amy E Glass: And wishing you all the best.

Karen Walsh: Thank you, you too.

Amy E Glass: Okay. Bye-bye.

Karen Walsh: Bye.

----INTERVIEW ENDS----

Amy E Glass: Thank you for listening to this episode of the NM-ABC Podcast. If you have any questions or comments, please get in touch with us at nmabc@salud.unm.edu. We also want to thank BatchBug and Chozic for the music included here.

Amy E Glass: NM-ABC is supported by the Health Resources and Services Administration of the US Department of Health and Human Services. The views expressed in this program are those of the speakers, and do not necessarily represent the official views of, nor an endorsement by HRSA, HHHS or the US Government. Thanks for listening.