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So Now What Do I Do?

First-Line Management of Mental Health Problems in Primary Care

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Objectives

Participants will be able to:

- Discuss strategies for addressing undifferentiated mental health problems identified in primary care;
- Apply strategies to case examples; and
- Identify tools and resources to assist in addressing common mental health problems.

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Epidemiology of Pediatric Mental Health Disorders, Problems, and Concerns

- 16% (++) of children and adolescents in the U.S. have impaired MH functioning and do not meet criteria for a disorder.
- 13% of school-aged children with normal functioning have parents with “concerns.”
- 50% of adults in the U.S. with MH disorders had symptoms by the age of 14 years.
- 21% of children and adolescents in the U.S. meet diagnostic criteria for MH disorder with impaired functioning.

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The "Primary Care Advantage"

- Longitudinal, trusting relationship
- Family centeredness
- Unique opportunities for prevention and anticipatory guidance
- Understanding of common social-emotional and learning issues in the context of development
- Experience in coordinating with specialists in the care of CSHCN
- Familiarity with chronic care principles and practice improvement
- Comfort with diagnostic uncertainty

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AAP TFMH Publications

- Foy J, McInerney T, Perrin J, et al. Improving Mental Health Services in Primary Care: Reducing Administrative and Financial Barriers to Access and Collaboration. *Pediatrics.* Vol. 123, No. 4, April 2009
- Siegel B, Foy J, et al. The Future of Pediatrics: Mental Health Competencies for the Care of Children and Adolescents in Primary Care Settings. *Pediatrics.* Vol. 124, No. 1, July 2009
- Foy J, for the AAP Task Force on Mental Health. Introduction to the Supplement. Supplement to *Pediatrics.* Vol. 125, June 2010
- Foy J, Perrin J, for the AAP Task Force on Mental Health. Enhancing Pediatric Mental Health Care: Strategies for Preparing a Community. *Pediatrics.* Vol. 125, June 2010
- Foy J, Kelleher K, Laraque D, for the AAP Task Force on Mental Health. Enhancing Pediatric Mental Health Care: Strategies for Preparing a Practice. *Pediatrics.* Vol. 125, June 2010
- **Foy J, for the AAP Task Force on Mental Health. Enhancing Pediatric Mental Health Care: Algorithms for Primary Care. *Pediatrics.* Vol. 125, June 2010**

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Additional Mental Health Resources

- Motivational interviewing: http://www.motivationalinterviewing.org/
- NW AHEC web course on "common factors" communication skills: http://tinyurl.com/EnhancingMentalHealth
- PediaLink module on collaboration with MH professionals: http://www.pedialink.org/cmefinder/search-results.cfm?type=online&grp=2
- AAP Mental Health Toolkit

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ADDRESSING Mental Health CONCERNS IN PRIMARY CARE
A CLINICIAN'S TOOLKIT

Introduction | Community Resources | Health Care Financing | Support for Children and Families | Clinical Information Systems/ Delivery System Redesign | Decision Support for Clinicians

Algorithms | Mental Health Practice Readiness Inventory | Cluster Guidance | Enhancing Pediatric Mental Health Care: A Report From the Task Force on Mental Health

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ADDRESSING Mental Health CONCERNS IN PRIMARY CARE

A CLINICIAN'S TOOLKIT

>Algorithms
Process for mental health care in primary care

>Clusters
Guidance, interventions by condition type

>Section
Browse all resources by category

>Mental Health Practice Readiness Inventory
Target your areas for improvement

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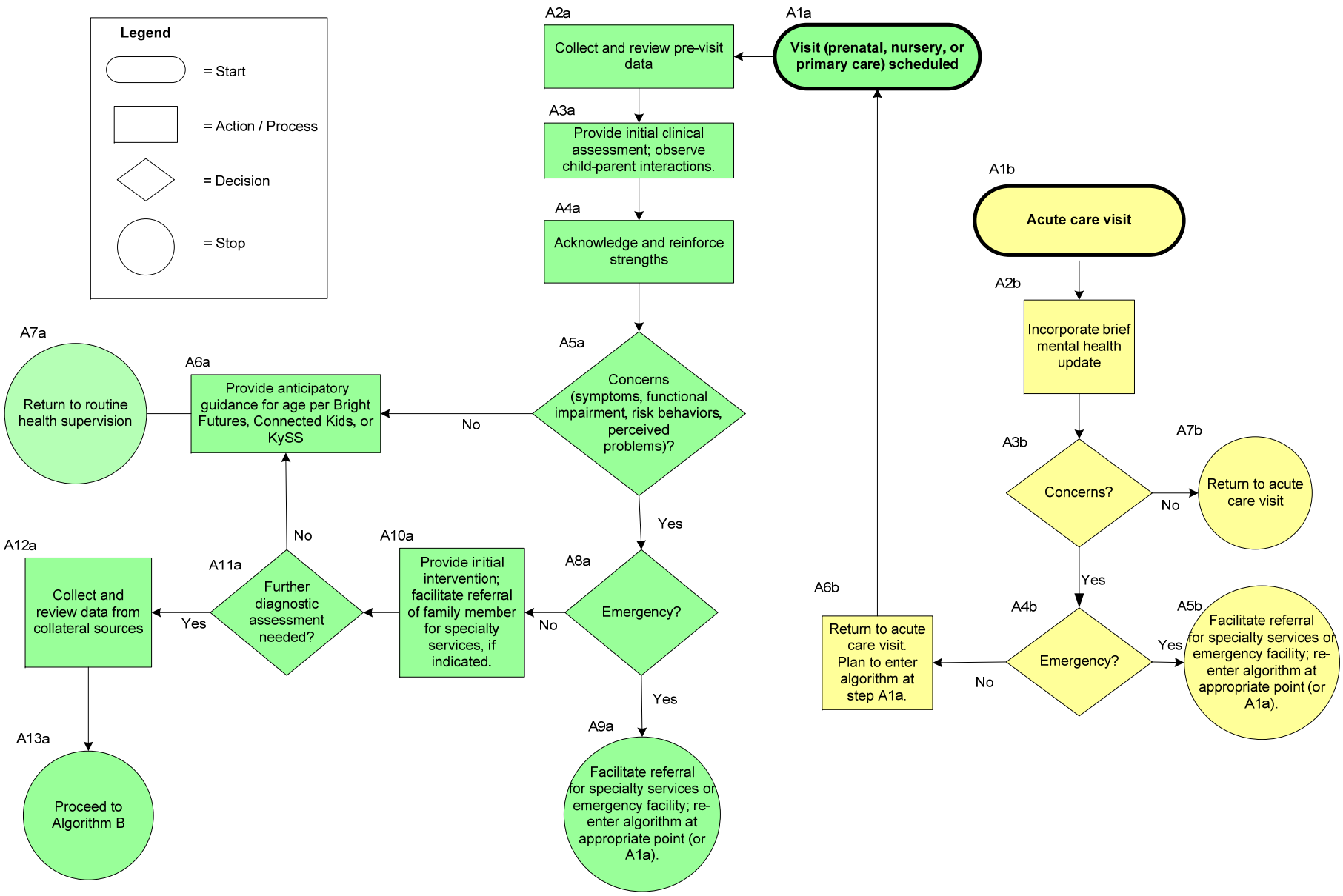
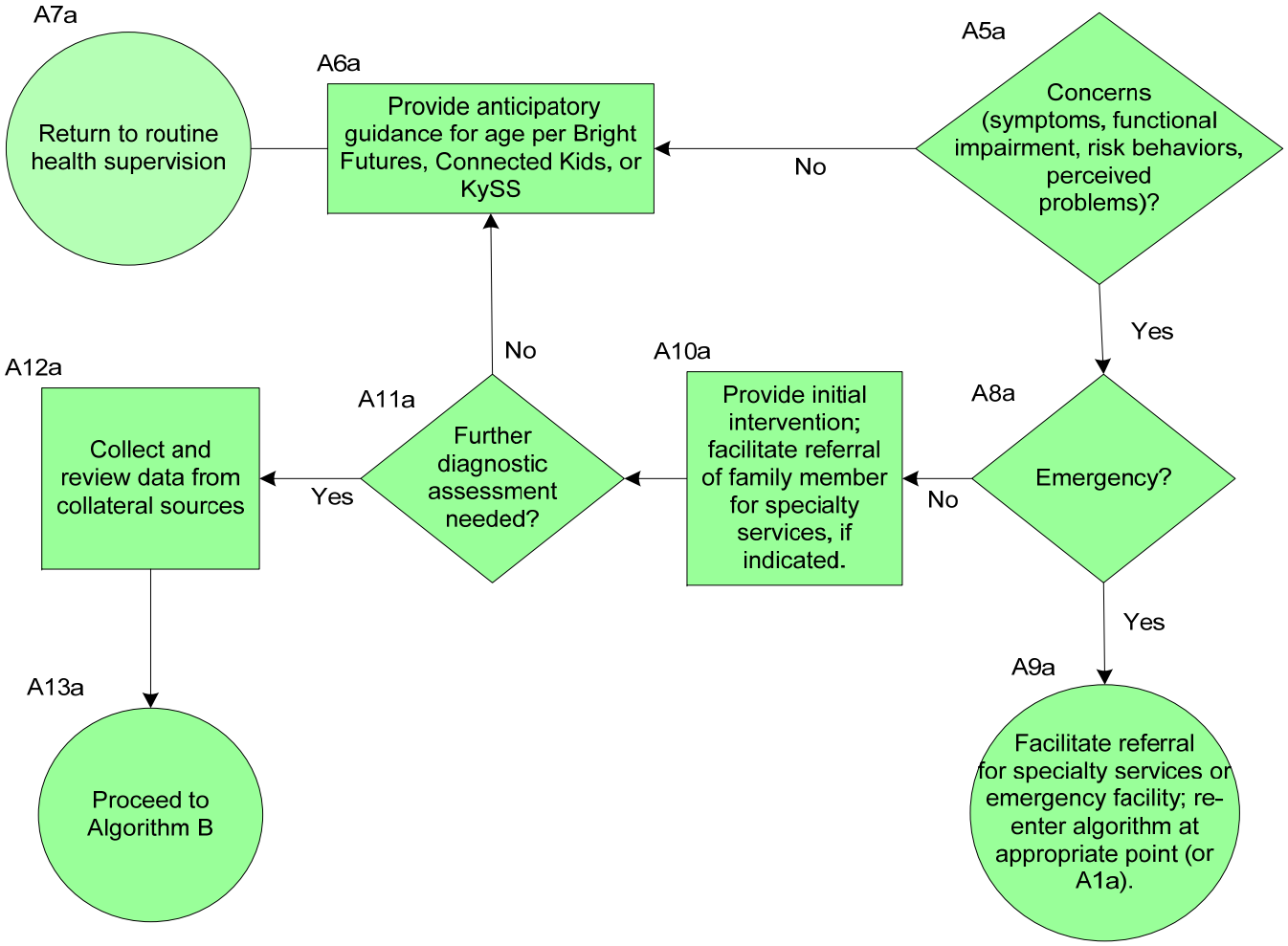
Algorithm A: Promoting Social-Emotional Health, Identifying Mental Health and Substance Use Concerns, Engaging the Family, and Providing Early Intervention in Primary Care



Algorithm A Excerpt



Case #1: Todd (undifferentiated problem)

You have just seen Todd, age 17, for a summer camp physical—all OK. You have your hand on the doorknob and are saying good-bye when his mother tells you, BTW, Todd seems to be getting very little sleep. She wants to know if this is something she should worry about. Todd is angry with her for bringing it up. You have an office full of patients and are running behind.

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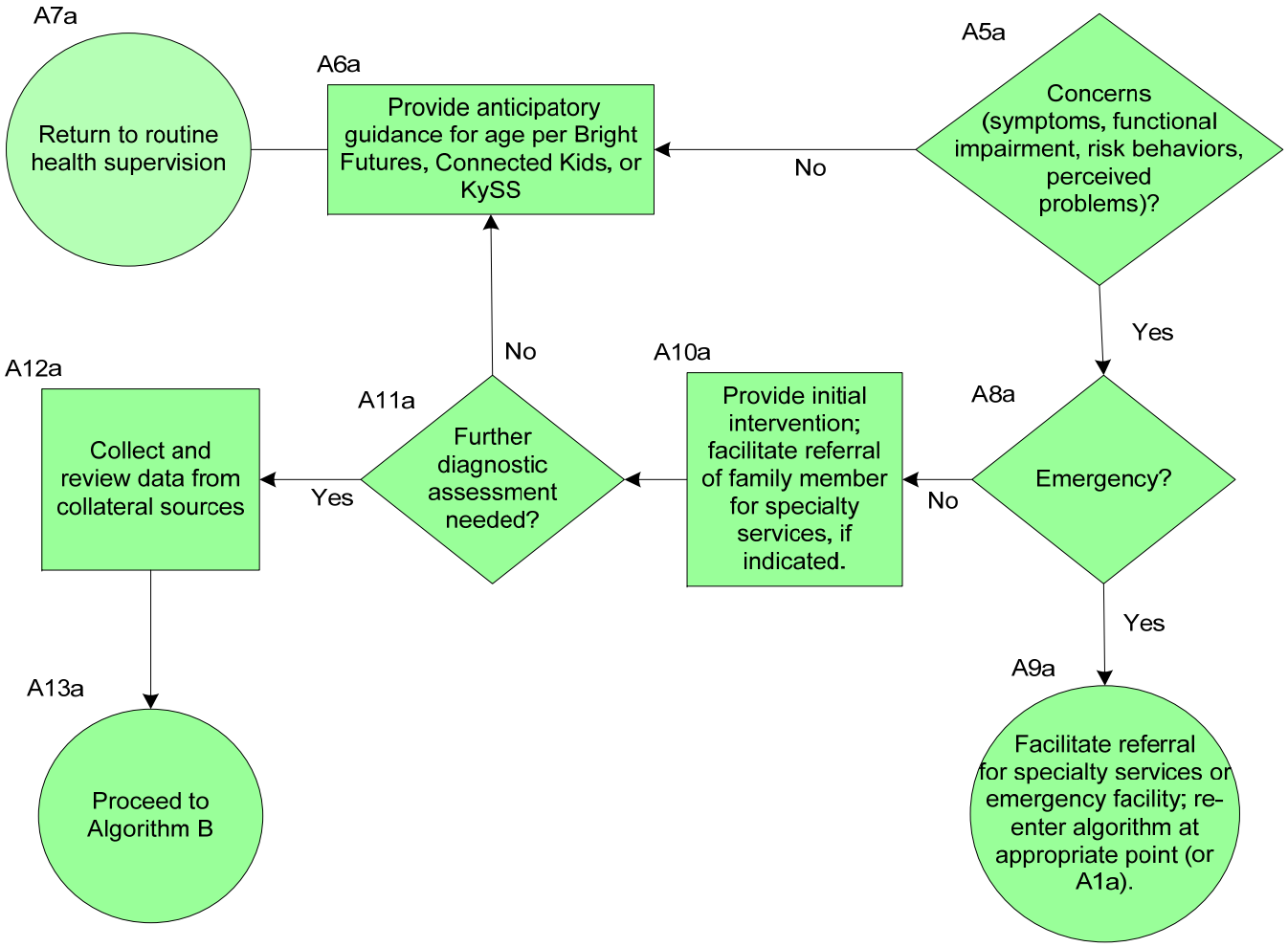
Algorithm A Excerpt



Sleep: Pearls for Primary Care

- Change in sleep pattern may be an early symptom of mental illness.
- Sleep debt destabilizes frontal lobe.
- Lack of sleep worsens all mood disorders.
- Parent with sleep debt is more irritable.
- Sleep diary may be useful.
- Consider role of media / phone.
- Consider obstructive sleep apnea.
- Work on sleep first or simultaneously.

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Average Sleep Needs by Age

Age	Night	Day
18 mo	11.5	2.0
2-3 yr	11.0-11.5	1.0-1.5
4-6 yr	10.75-11.5	
7-11 yr	9.5-10.5	
12-18 yr	8.25-9.25	

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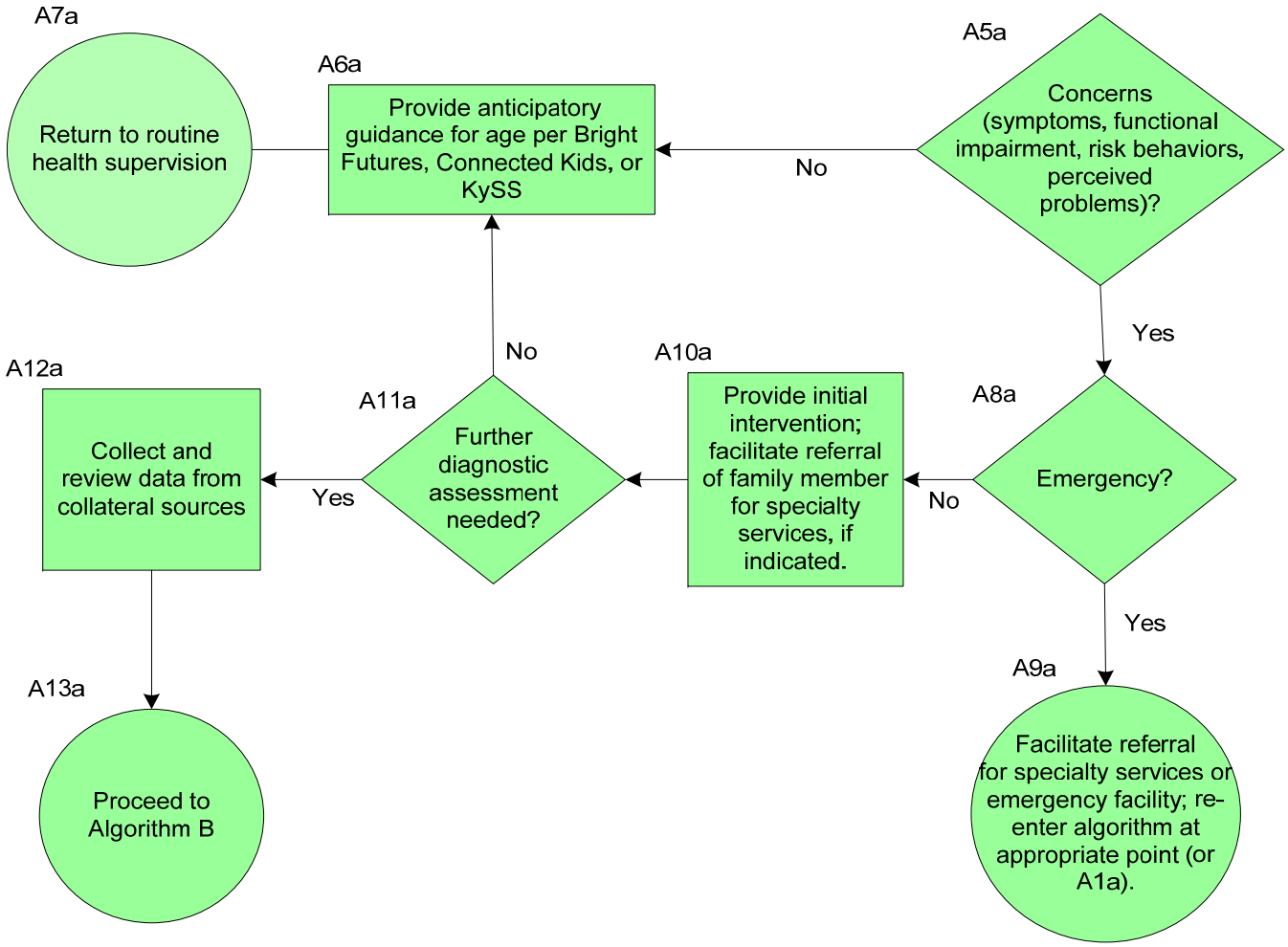
Psycho-social Emergencies

- Suicidal or homicidal intent
- Psychosis
- Drug overdose
- Dangerous or destructive, out-of-control behavior
- Panic attack
- Abuse / neglect

Algorithm A Excerpt



Diagnostic Uncertainty: The "Common Factors" Approach

HELP build a therapeutic alliance:

- H = Hope
- E = Empathy
- L^2 = Language, Loyalty
- P^3 = Permission, Partnership, Plan

Wissow LS, Gadomski A, et al. Improving Child and Parent Mental Health in Primary Care: A Cluster-Randomized Trial of Communication Skills Training. *Pediatrics*. 2008;121(2):266-275

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Applications of "Common Factors" Skills

- Eliciting mental health concerns
- Expressing empathy / building therapeutic alliance
- **Identifying barriers to help-seeking and adherence** (eg, denial, **conflict**, resistance, hopelessness, lack of motivation…)
- **Addressing undifferentiated problems and barriers** (motivational interviewing, family therapy techniques)
- **Achieving agreement on next steps** (eg, behavior change, **activities before next visit**, referral)
- **Bringing visit to a supportive close**

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Ideas for Inter-visit Activities

- Screening (youth, parent, teacher)
- Functional assessment
- Diary
- Reading
- Behavioral “homework” assignment
- Stress / conflict reduction

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Case #2: Dennis (common cluster of symptoms)

Dennis is a 4-year-old referred to you by his childcare provider for fighting. His mother tells you he has previously been "kicked out" of two childcare centers for the same problem. She frequently criticizes Dennis as she relays the history of his problems and periodically gives orders to him in an angry tone of voice.

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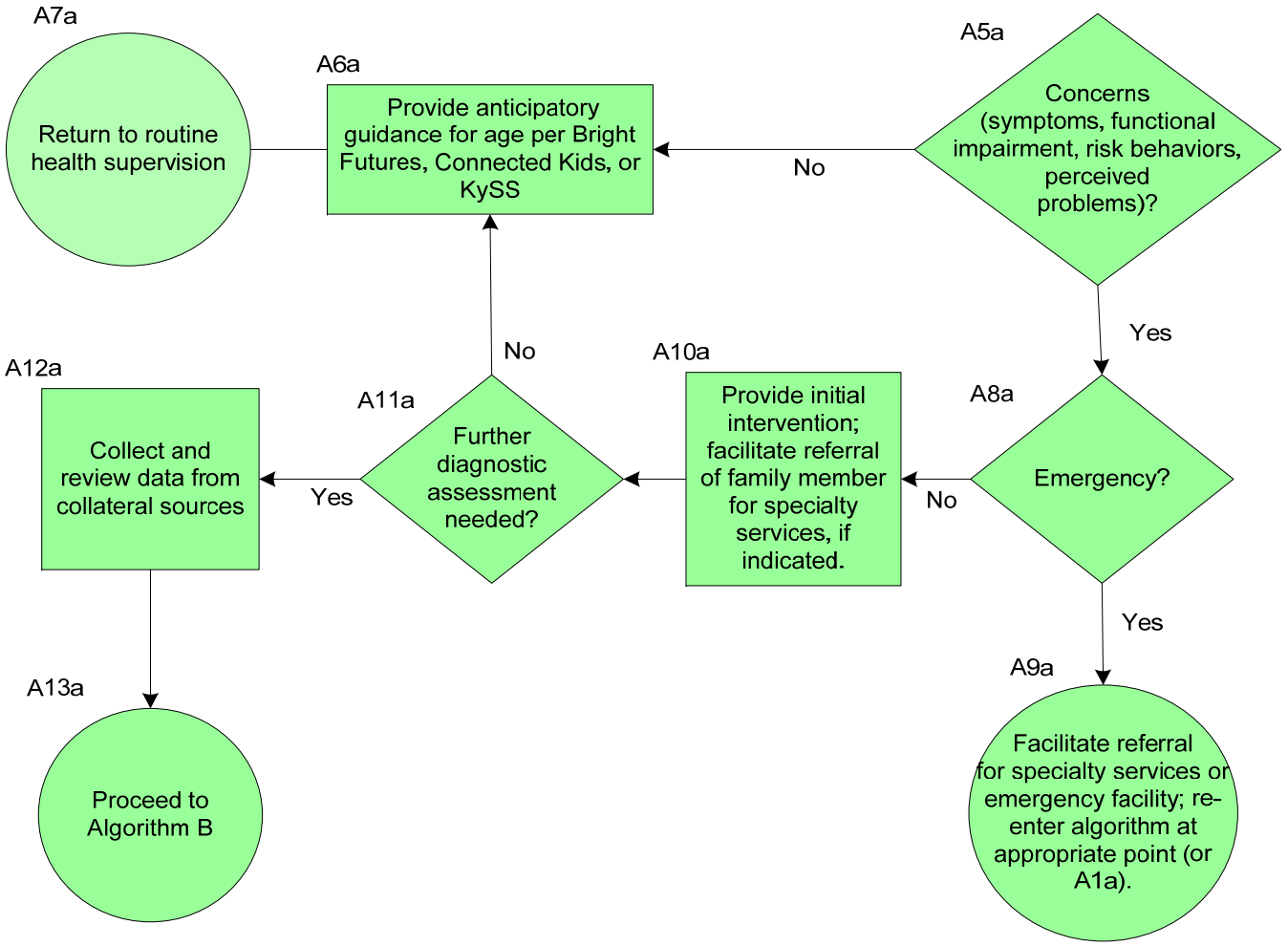
Algorithm A Excerpt



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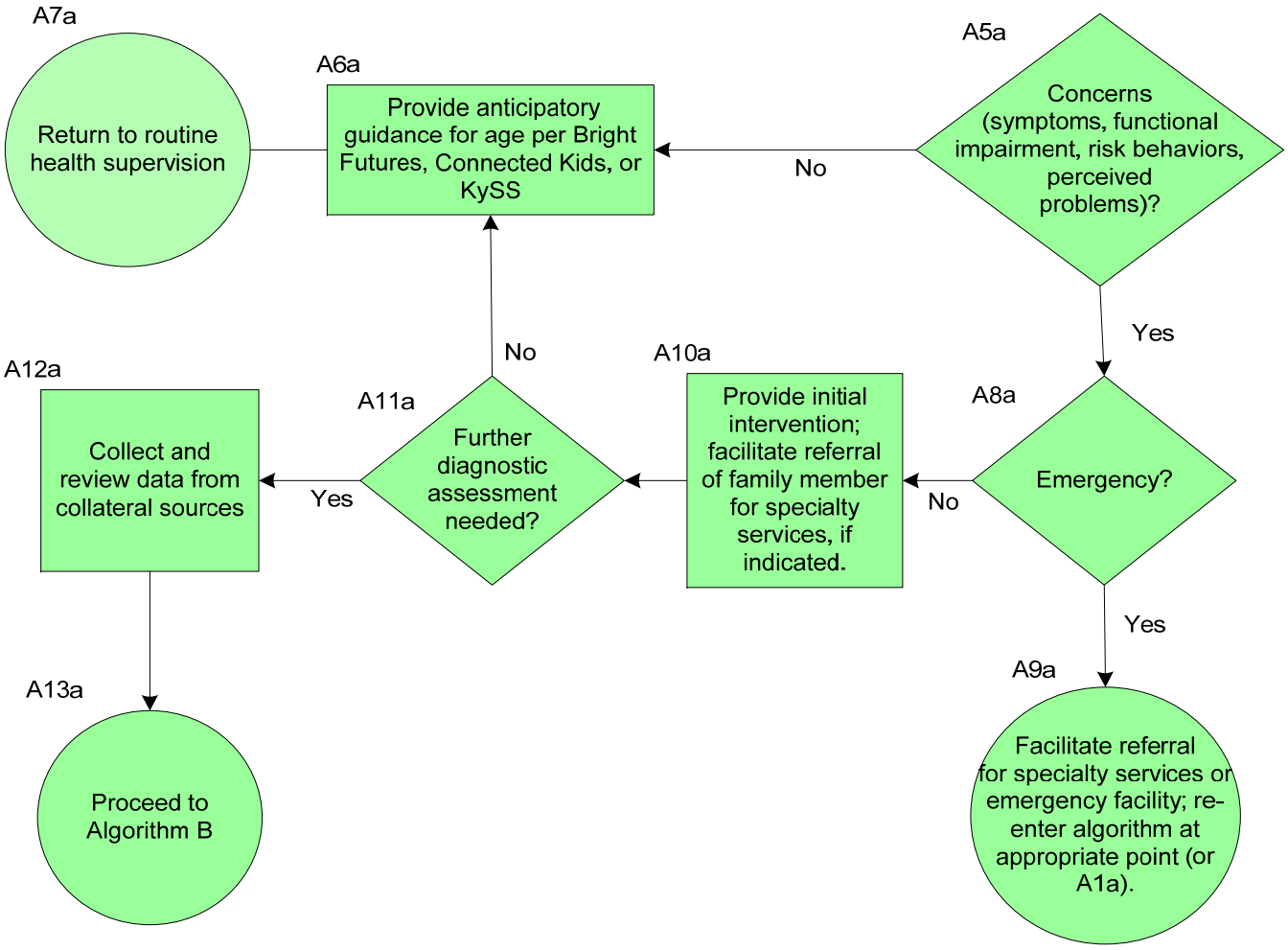

Sympton Clusters: The "Common Elements" Approach

- Inattention and impulsivity
- Depression
- Anxiety
- **Disruptive behavior and aggression**
- Substance use
- Learning difficulties
- **Symptoms of social-emotional problems in children birth to 5 years of age**

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Ideas from Cluster Guidance (Applying HELP Techniques)

- Identify strengths (eg, mother's help-seeking, child's physical health, extended family involvement…).
- Administer PEDS or ASQ (CPT code 96110/EP modifier if EPSDT visit), ASQ-SE or ECSA (CPT code 99420/EP modifier if EPSDT visit); explore positive findings, behavioral triggers.
- Screen for social stressors / maternal depression
- Find agreement on step(s) to reduce stress and conflict.

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Ideas from Cluster Guidance (Applying HELP Techniques) cont'd

- Find agreement on healthy, positive activities (eg, exercise, time outdoors, limits on media, sleep [!!!!], one-on-one time with parents, rewards / praise for good behavior…).
- Educate the family; support them in monitoring for worsening of symptoms or emergencies.
- Monitor progress (eg, telephone, electronic communication, return visit).
- Offer referral(s) if/when family is ready.

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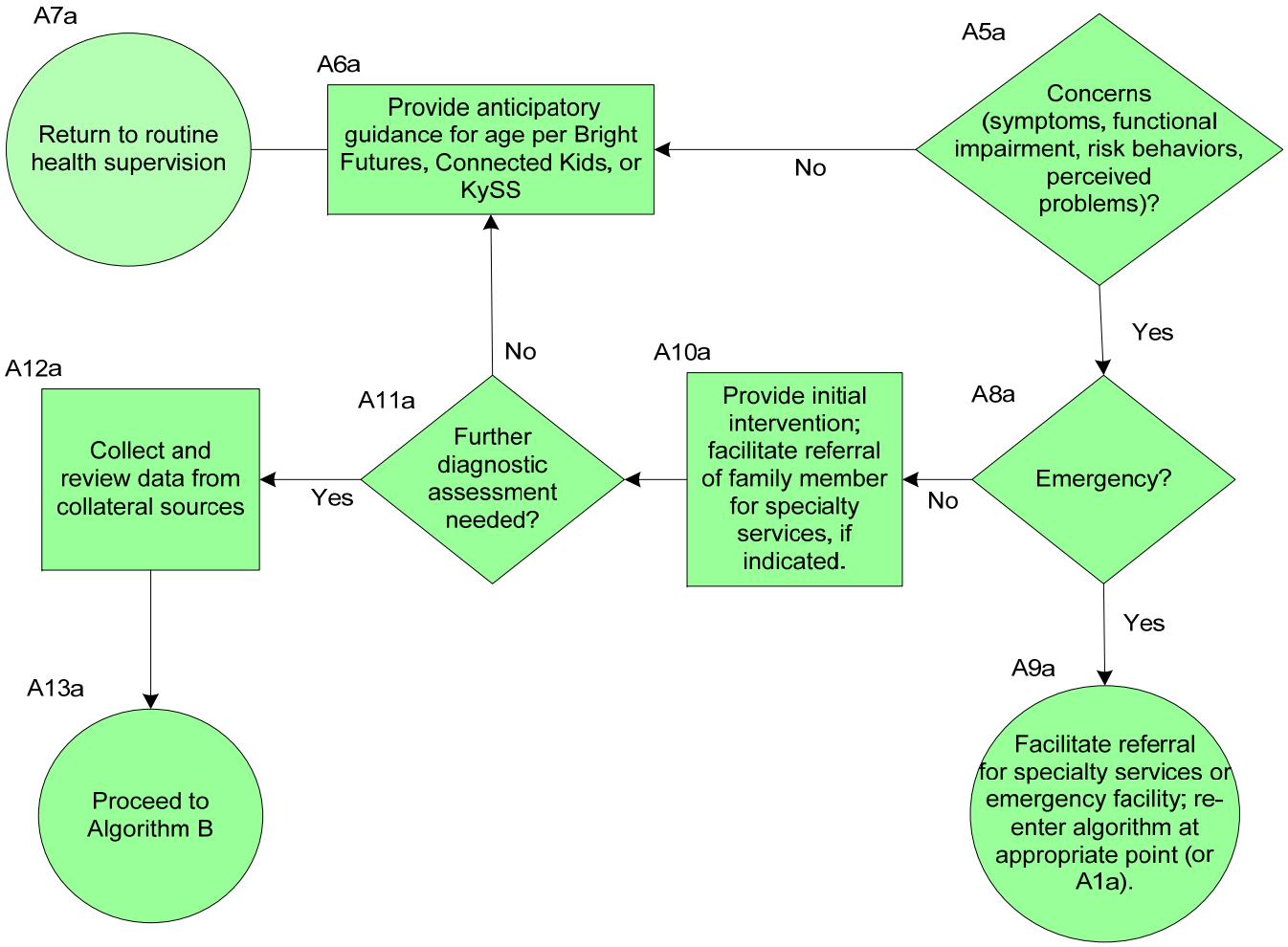
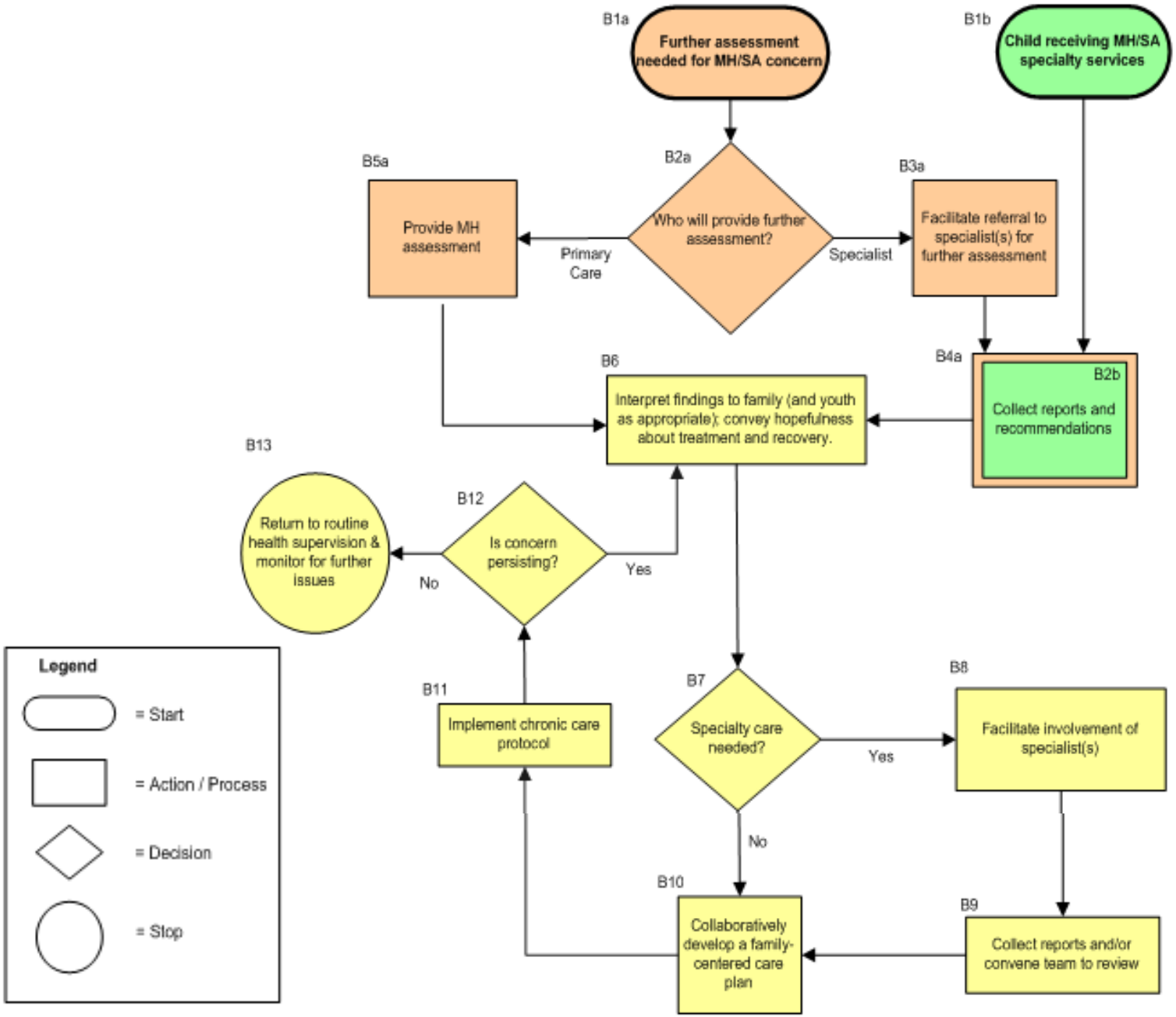
Algorithm A Excerpt



Algorithm B: Assessment and Care of Children with Identified Social-Emotional, Mental Health (MH) or Substance Abuse (SA) Concerns, Ages 0-21



Making Effective Referrals: Integrated MH Professional

Not just a mental health clinic in a primary care practice: more flexible services, may be brief sessions

- MH professional (MHP) partners with PCP during course of routine visits (eg, psychosocial history, screening, parenting education…).
- MHP is involved routinely in visits for children with chronic/complex conditions.
- MHP accepts “warm” hand-off, sees child and family for several-visit course.
- MHP provides liaison with MH specialty system, schools, and agencies.
- MHP monitors child’s course.

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Integrated Models Compared with Usual Care from Case Reports[1]

- Greater likelihood of consultation and referral[2]
- Improved HEDIS indicators for depression[1]
- Lower utilization of MH specialty services, lower overall costs per patient, lower ED use, lower hospital admissions[3]
- Cost-neutrality, lower psychiatric in-patient admissions and length of stay, lower medical in-patient length of stay[4]

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Integrated Models Compared with Usual Care from Case Reports[1]

- Greater convenience to families, comfort of families, immediacy of services, access to psychiatry consultation[5]
- Increased satisfaction, comfort, perceived quality of care by medical providers[5]
- Improved "buy-in" of families[5]
- Improved continuity of services for children and families[5]

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Other Benefits of Integrated Models (Observed)…

- Reduction of stigma
- Enhanced communication between PCP and MH provider, with opportunity to encourage therapeutic goals
- Improved adherence to treatment
- “Cross fertilization” learning for PCP and MH provider
- Greater efficiency in psychiatric consultation process

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Other Strategies to Improve MH Referrals: Advance Preparation is Key!

- Identify key sources of specialty care, parenting education, and care coordination (MHPs credentialed by major insurance plans and Medicaid, EI, schools, Head Start, health and human services agencies, non-profits, agricultural extension agencies…).
- Create directory / relationships.
- Prepare staff to offer referral assistance.
- Establish registry.
- Establish protocols for communication with referral sources (including completion of ROI form, FAX-back form).
- Create tracking system for outcomes: Appointment(s) kept? Parent satisfied? Problem(s) / function improving? Follow-up appointment scheduled / kept?.

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Your Child's Mental Health

When to Seek Help and Where to Get Help

Have you noticed a recent change in your child's behavior? Is she having trouble getting along with friends? Is he falling school? Is this new behavior affecting your family?

If you are concerned, remember that your child's doctor can help. He or she may also suggest that your child see a mental health or behavioral specialist. Specialists include child psychiatrists, psychologists, clinical social workers, counselors, or pediatric developmental and behavioral specialists. They may be able to help with evaluation, testing, or treatment. Treatment includes counseling, education, or prescribing medicine. (In this brochure, the term specialist will be used to refer to doctors and other health care professionals.)

Read on to learn about sources of help, risk factors, types of mental health and behavioral specialists, ways to tell with your child, and insurance and payment issues. The result can be less stress and greater happiness for you, your child, and your family.

When to seek help

Let your child's doctor know if your child has one or more of the following signs or symptoms:

- Poor or delayed language development
- Problems listening or behaving
- Trouble sitting still (hyperactivity)
- Problems concentrating
- Trouble with friends and other children
- Is very moody (seems to always be sad, irritable, or grumpy)
- Sleep problem (can't sleep well or sleeps too much)
- Eating disorder (eats too much or too little)
- Worries a lot or seems to often be afraid
- Is very shy and avoids people
- Can get very angry and violent
- Seems afraid of school
- Thinks about suicide
- Uses alcohol or drugs
- Does things on purpose to get in trouble
- Sudden change in behavior
- Sudden drop in grades
- Loss of interest in usual activities

If the doctor recommends medicine...

Medicines, if necessary, should be part of a treatment plan that includes education and counseling for children and their parents. Children taking medicine should check in with the doctor often to make sure the treatment is working. Always talk with your child's doctor and specialists about the risks and benefits of any treatment.

Who is at risk?

In the United States, 1 in 10 children and teens has serious emotional and behavioral problems. Many others have symptoms that may lead to problems that are more serious if not treated.

Almost always, no one is to blame for a child's mental or behavioral problems. However, certain situations may increase a child's risk for these problems, including the following:

- Family stress such as a move, job loss, birth of a baby, or long absence of a loved one
- Chronic (long-term) sickness or medical condition in the child or other family member
- Grief and loss caused by death, parents separating, or divorce
- Remarriage and stepparenting
- Physical or sexual abuse, either within or outside the family
- Foster care
- Problems with school work
- A lot of peer pressure
- Alcohol or drug problem in the family

Where to get help

Your child's doctor can help you choose the best type of care for your child. Also important are involvement of and support from the entire family.

Many types of specialists are available to help children and their families with mental and behavioral problems. With your permission, your child's doctor can coordinate care to make sure that the needs of your child and family are met. It's important that there is clear communication between everyone involved in your child's health care.

Mental and behavioral health specialists include the following (note: license and practice requirements may differ from state to state):

- **Child and adolescent psychiatrists** are medical doctors trained to diagnose and provide a full range of treatment for emotional and behavioral problems, as well as psychiatric disorders. They can prescribe medicine, if needed. Child and adolescent psychiatrists also have additional training in treating children, teens, and families.
- **Clinical psychologists** are licensed doctoral (PhD)-level specialists trained to diagnose and give psychological tests. They are trained to treat learning, behavioral, and emotional problems such as depression, anxiety, and conduct disorders, and adjustment problems related to medical illnesses. Some have expertise in caring for children and teens.
- **Master's-level psychologists or mental health counselors** are master's-level specialists trained to give psychological tests. They also counsel individuals and families. In some states, they may be independently licensed to work and are known as psychologists. In other states, they may work only if supervised by a doctoral-level licensed psychologist or psychiatrist.

Sample Protocol (Handouts)

Making effective referrals

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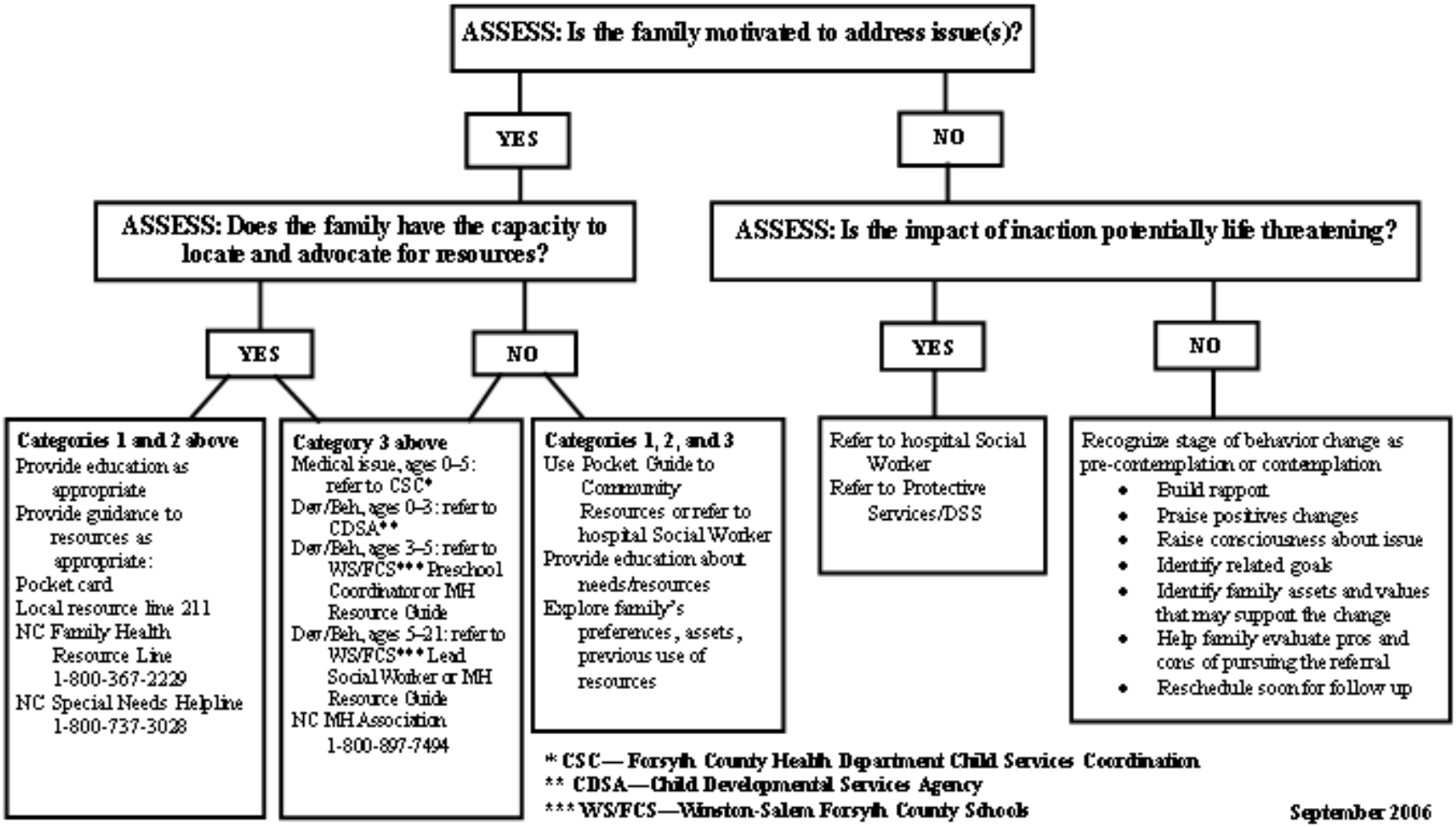
Wake Forest University School of Medicine Department of Pediatrics
Algorithm for Making Non-Medical Referrals

CATEGORIES

1) Non-medical issue(s) impacting or threatening child's health (poverty, food shortage, housing problem, lack of health insurance, etc.)
2) Parental mental health (MH) or medical issue impacting or threatening child's health, function, or quality of life (QOL)
3) Developmental/behavioral/medical issue impacting child's or family's function or QOL



* CSC—Forsyth County Health Department Child Services Coordination
** CDSA—Child Developmental Services Agency
*** WS/FCS—Winston-Salem Forsyth County Schools

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www.aap.org/mentalhealth

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References for Outcomes of MH Integrations

1. Butler et al. Integration of Mental Health / Substance Abuse and Primary Care No. 173. AHRQ Publication No. 09-#003. Rockville, MD, Oct. 2008

2. Guevara et al. Survey of mental health consultation and referral among primary care pediatricians. *Acad Pediatr*. 2009;9(2):123-7

3. Butler et al. Tennessee Cherokee Health. AHRQ Publication No. 09-#003. Rockville, MD, Oct. 2008:142-145

4. Butler et al. Intermountain Healthcare. AHRQ Publication No. 09-#003. Rockville, MD, Oct. 2008:150-153

5. Williams et al. Co-location of mental health professionals in primary care settings: three NC models. *Clin Pediatr*. 2006;45:537-543

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Pediatric Care Online

Look to *Pediatric Care Online* for mental health resources:

- AAP Textbook of Pediatric Care
- Point of Care Quick Reference
- Pediatric Care Updates
- Bright Futures
- Interactive Periodicity Schedule
- AAP Policy
- Patient Handouts
- Forms & Tools

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