




Promoting Mental Health using
The Bright Futures Guidelines
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 National Institute for Health Care Management Foundation

Joseph F. Hagan, Jr., MD, FAAP
 Clinical Professor in Pediatrics,
 University of Vermont College of Medicine
 Co-editor, *Bright Futures Guidelines, 3rd Ed.*



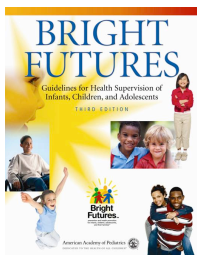
American Academy of Pediatrics 
 DEDICATED TO THE HEALTH OF ALL CHILDREN™

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Bright Futures Guidelines—3rd Edition
The Cornerpiece of the Initiative

Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents, 3rd Edition



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The problem:

- 21% of American youth, 9 to 17 years have a mental health disorder with impairment
- Fewer than 1 on 5 receive needed treatment
- PROS studies demonstrated under-identification
- In juvenile justice facilities, 66% of boys and 75% of girls have a psychiatric disorder, including addiction
- Half the lifetime cases of mental illness begin before age 14

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- You've just heard about the AAP's Task Force on Mental Health...
- What about health supervision?
 - Behavioral and mental health services in the context (and in the midst of) well child and adolescent care

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What you'll find in
The Bright Futures Guidelines, 3rd Ed

- Themes:
 - Promoting Mental Health
- In the Visits:
 - Priorities for the Visit
 - Observation of parent-child interaction
 - Surveillance of development
 - Developmental milestones
 - Tasks of development
 - Universal and selective screening
 - Anticipatory Guidance
- How you might do it:
 - See the *Introduction to the Visit Section*

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The question:

- Do our health supervision activities address mental health supervision?
 - Should they?
 - Can they?
 - How?

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Context

- “Establishing mental health and emotional well-being is arguably the core task for the developing child and those who care for the child.”
- Cultures and families vary in their conception of mental health
- Parents, families, communities and professionals commit to foster the child’s development

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Context

- Myriad functions of the brain define a child’s mental health
 - Experience of connectedness
 - Self worth
 - Joyfulness
 - Intellectual growth
- Developmental insults have broad ranges of effect
 - Relationships
 - Mood and anxiety
 - Deficits in cognition and learning

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Context

- Health supervision over time presents multiple opportunities to promote mental health and emotional well-being
 - Monitoring of physical growth and health
 - Developmental surveillance and screening
 - Screening, identification and early intervention for mental health problems
 - Treatment and referral
 - Anticipatory guidance
- A unique professional relationship with child and family

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The Challenge:

- How do we promote mental health and emotional well-being?
 - In the primary care setting?
 - In a pediatric health supervision visit?
 - In “the 18 minute visit”?

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Here's how!

- **Surveillance**
 - Requires knowledge base
- **Screening**
 - But what if you find something?
- **Anticipatory guidance**
 - Some of it is tested
 - There's even a bit of evidence!
- **Community Pediatrics**
 - We can't do it all and we don't have to

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Surveillance and Screening

- **What will we find?**
 - 1 in 5 kids will have a diagnosable condition
- **What will we do?**
 - The screener's dilemma

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What will we do?

- Assess the problem
- Make a diagnosis
- Initiate management
- Consider chronic condition
- Assure follow-up

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What will we do?

- Assess the problem
 - Are we trained?
 - Can we get training?
 - AAP Task Force on Mental Health
 - *Pedialink Module* to train pediatricians
- Make a diagnosis
 - Get a copy of “DSM-PC”
 - Get a copy of “Bright Futures in Practice: Mental Health”, especially the Toolkit
 - Use DSM-IV Criteria!

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What will we do?

- Initiate management
 - ADHD
 - AAP Toolkit
 - Vanderbilt Questionnaire
 - Patient/parent education
 - AAP’s “ADHD: A Complete and Authoritative Guide” (Reiff, MI and Tippins, S)
 - Communication with school
 - Medication management

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What will we do?

- **Initiate management**
 - Depression
 - GLAD-PC
(<http://pediatrics.aappublications.org/cgi/content/full/120/5/e1299>)
 - Assess suicide risk
 - Patient/parent education
 - Mental health referral for Cognitive Behavioral Therapy
 - Medication Management – why not?
 - Anxiety
 - Evaluate for comorbid mood disorder and suicide risk
 - Mental health referral for Cognitive Behavioral Therapy
 - Meds? Maybe.

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What will we do?

- **Consider chronic condition management**
 - ADHD is a chronic and life-long condition
 - Why not manage it like diabetes or asthma?
 - Depression is a long term, sometimes life-long condition
 - Recurrence rate is high
 - Rx refill rate is low
- **Assure follow-up**
 - Every child deserves a medical home

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Models for intervention
in the Medical Home

- Become the expert
- Consultation
- Traditional referral out of the practice
- Co-location with Mental Health Professional
- Collaborative practice with Mental Health Professional
- Integrative Care of primary care clinicians with behavioral health practitioners

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Models for intervention

"All medical homes are local", with apologies to Tip O'Neil

- Collaborate with community mental health
- Collaborate with schools
 - School based health center
 - School based mental health counselors
 - Guidance counselors
- Collaborate with third party payers
 - We'll think access and quality, they'll also think cost and you will save them money
 - Carve-outs and Carve-ins

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Models for intervention

In summary:

- Pediatricians, pediatric nurse practitioners, family physicians, family nurse practitioners and others who provide health supervision services are key stakeholders with multiple opportunities to promote mental health

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