Promoting Mental Health using
The Bright Futures Guidelines

December 4, 2008
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

Promoting Mental Health using
The Bright Futures Guidelines

December 4, 2008
National Institute for Health Care
Management Foundation

Promoting Mental Health using
The Bright Futures Guidelines

December 4, 2008
National Institute for Health Care
Management Foundation

Bright Futures Guidelines—3rd Edition

The Centerpiece of the Initiative

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

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
• 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

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*

The question:

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

• 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

• 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
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”?

Here's how!

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

Surveillance and Screening

- What will we find?
  - 1 in 5 kids will have a diagnosable condition
- What will we do?
  - The screener's dilemma
Promoting Mental Health using The Bright Futures Guidelines

What will we do?

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

What will we do?

- Assess the problem
  - Are we trained?
  - Can we get training?
    - AAP Task Force on Mental Health
    - Pediatric Modules 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!

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
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.

- 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

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
Models for intervention

“**All medical homes are local**, with apologies to Tip O’Neill

- Collaborate with community mental health
- Collaborate with schools
  - School-based health center
  - School-based mental health 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

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