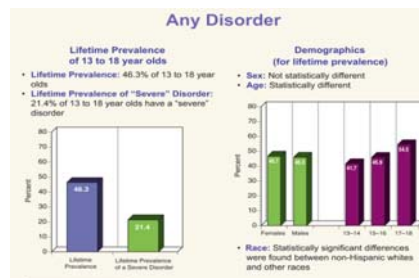


Maine Academy of Pediatrics 2016 Spring Conference and Annual Meeting

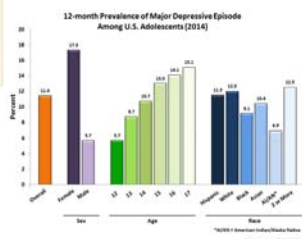
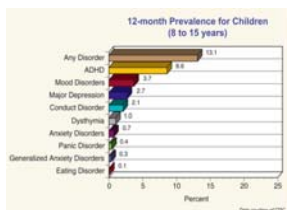
Lucy Berliner
Harborview Medical Center/UW
Medicine
April 30, 2016

Mental conditions in children are common. A majority will meet diagnostic criteria at some point in childhood.



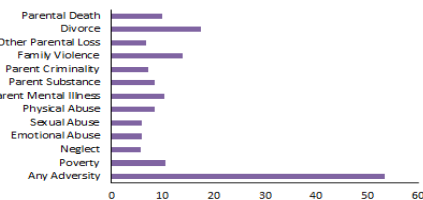
Merikangas KR, He J, Burstein M, Swanson SA, Avenevoli S, Cui L, Benjet C, Georgiades K, Swendsen J. Lifetime prevalence of mental disorders in U.S. adolescents: Results from the National Comorbidity Study-Adolescent Supplement (NCS-A). *J Am Acad Child Adolesc Psychiatry*. 2010 Oct;49(10):980-989.

Every Year



Role of trauma and adversities. They are very common in children's lives.

Childhood Adversities and First Onset of Psychiatric Disorders in a National Sample of US Adolescents
Kable A, McLaughlin, PhD, Jennifer Grief Green, PhD, Michael J. Gruber, MS, Nancy A. Sampson, BA, Alan M. Zaslavsky, PhD, Ronald C. Kessler, PhD



Burden increases risk for health and mental outcomes.

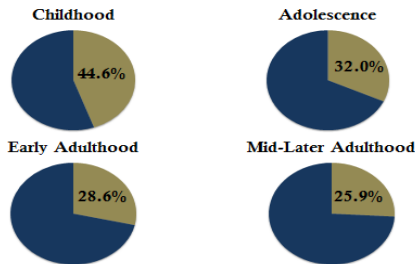
ACEs Study: Adversities are RISK Factors (not Destiny)

More is worse



They account for significant proportion of the onset of childhood and adult disorders.

Childhood Adversities and First Onset of Psychiatric Disorders in a National Sample of US Adolescents



Majority of children in need do not access mental health care

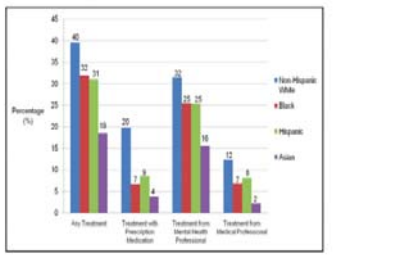
TABLE 2 Rate Comparisons of Lifetime Disorder-Specific Mental Health Service Use by Severity

Psychiatric Disorders*	Nonsevere Cases		Severe Cases	
	n	% (SE)	n	% (SE)
Any mood disorders	646	37.8 (3.4)	275	37.7 (5.5)
Major depressive disorder or dysthymia	561	38.8 (4.0)	180	41.1 (6.0)
Bipolar I or II	97	20.9 (5.4)	95	23.3 (6.4)
Any anxiety disorders	1,108	13.6 (1.5)	398	29.1 (3.7)
Generalized anxiety disorder	32	29.7 (12.8)	29	59.3 (14.0)
Social phobia	267	9.3 (1.7)	88	21.3 (5.3)
Specific phobia	914	5.5 (0.9)	40	28.7 (12.1)
Separation anxiety disorder	371	7.0 (1.4)	26	5.8 (4.1)
Attention-deficit/hyperactivity disorder	505	55.0 (3.6)	112	81.6 (5.9)
Behavior disorders	667	32.0 (2.1)	307	72.0 (4.4)
Oppositional defiant disorders	296	35.2 (4.9)	196	78.3 (4.8)
Conduct disorder	534	26.2 (2.8)	161	54.1 (6.0)
Any class	1,611	26.1 (1.7)	1,288	47.4 (2.2)

Service Utilization for Lifetime Mental Disorders in U.S. Adolescents: Results of the National Comorbidity Survey-Adolescent Supplement (NCS-A)
 Kathleen Ries Merikangas, Ph.D., Jian-ping He, M.Sc., Marcy Burstein, Ph.D., Joel Swendsen, Ph.D., Shelli Avenevoli, Ph.D., Brady Case, M.D., Katholiki Georgiades, Ph.D., Leanne Heaton, Ph.D., Sonja Swanson, Sc.M., Mark Olfson, M.D., M.P.H.

There are racial/ethnic difference in mental health care receipt

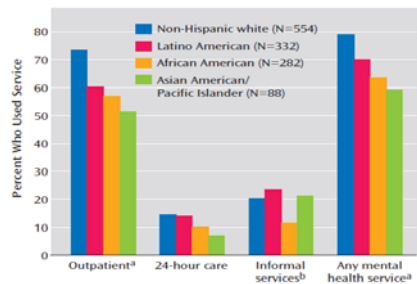
FIGURE 1 Adjusted percentage of U.S. adolescents who received treatment for major depression by race/ethnicity. Note: N = 7,618. Results from multivariate probit models were adjusted for age, gender, family status, depression-related impairment, substance abuse/dependence, and self-rated health.



Racial/Ethnic Differences in Mental Health Service Use Among Adolescents With Major Depression Janet R. Cummings, Ph.D., AND Benjamin G. Druss, M.D., M.P.H

Racial and Ethnic Differences in Utilization of Mental Health Services Among High-Risk Youths
 Ann F. Garland, Ph.D. Anna S. Lau, Ph.D. May Yeh, Ph.D. Kristen M. McCabe, Ph.D. Richard L. Hough, Ph.D. John A. Landsverk, Ph.D.

FIGURE 1. Mental Health Service Use Among Youths Age 6–18 Years in a Large, Publicly Funded System of Care by Racial/Ethnic Group (N=1,256)

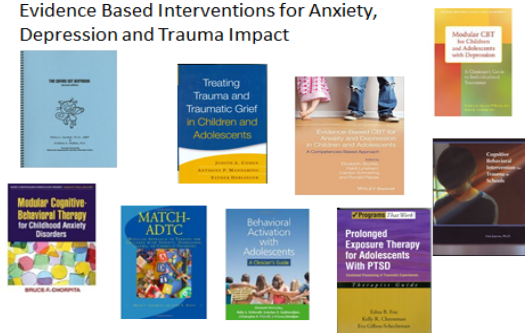


There are many proven interventions that work for the most common conditions. They are not always available. But providers can buy the books!

Evidence-Based Interventions for Behavior Problems and Parenting



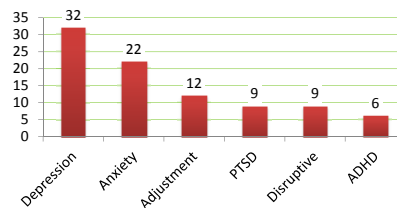
Evidence Based Interventions for Anxiety, Depression and Trauma Impact

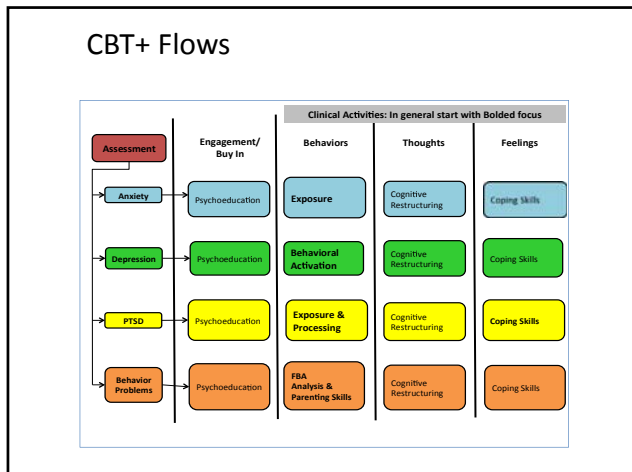


CBT+ as an efficient training method in 4 EBPs for the most common clinical conditions in children.



WA State Medicaid Billing –Most Common Conditions





What health care professionals can do?

Screen:
Pediatric Symptom Checklist 17 (PSC17)

PSC17 - Caregiver Completed (4-17 years)

INSTRUCTIONS: This form asks questions about your child's behaviors. These behaviors may be true for every child at sometime in his or her life. Please read each question carefully and check off the box for the response that you believe is most true for your child during the past 6 MONTHS.

Does your child:

	0	1	2
	Never	Sometimes	Often
1. Fidgets, is unable to sit still.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Act as if driven by a motor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Disrupts too much.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Disrupts meals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Feels sad.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Feels hopeless.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Have trouble concentrating.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Fight with other children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Feel down on his/herself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Worry a lot.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Seem to be having less fun.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Not listen to rules.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Not understand other people's feelings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Tease others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Whine when he/she has troubles.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Refuse to share.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Take things that do not belong to him/her.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Total Score: _____
 Externalizing Score: _____
 Internalizing Score: _____
 Attention Score: _____

PHQ 17 Examining Center, Iowa, Kolko, & Campo, 2007

Establish in-house psychosocial care: Collaborative Care/Integrated Care

Integrated Medical-Behavioral Care Compared With Usual Primary Care for Child and Adolescent Behavioral Health: A Meta-analysis

Original Investigation

JAMA Psychiatr.
doi:10.1001/jamapediatrics.2015.1141
Published online August 10, 2015.

PEDIATRICS
OFFICIAL JOURNAL OF THE AMERICAN ACADEMY OF PEDIATRICS

Collaborative Care Outcomes for Pediatric Behavioral Health Problems: A Cluster Randomized Trial

David J. Kolko, John Campo, Amy M. Kilbourne, Jonathan Hart, Dara Sakolsky and Stephen Wisniewski

Pediatrics, originally published online March 24, 2014;
DOI: 10.1542/peds.2013-2516

Proactively broker for effective tx in the community

- Know the best resources, have relationships.
- Facilitate referral to evidence-based trained providers.
- Educate caregivers about being good consumers.

What to look out for in evidence-based therapy:

- ✓ It's active. Focus is on learning and using skills. Involves practice in between sessions.
- ✓ Caregivers are actively involved. ESPECIALLY for externalizing behavior problems.
- ✓ Uses standard assessment to identify treatment target and measure progress:



Be prepared:

Engaging families in active therapy requires effort.

- They do not expect it
- They are stressed and overwhelmed
- It is hard work
- The status quo may not be bad enough yet

