

The Case for Mental Health Check Ups

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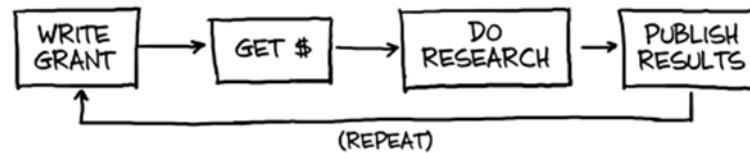
June 15, 2016



Disclosures

THE GRANT CYCLE

HOW IT'S SUPPOSED TO WORK:



HOW IT REALLY WORKS:



JORGE CHAM © 2011

WWW.PHDCOMICS.COM

*None

Objectives

- Assess the burden of mental illness
- Examine the efficacy of pediatrics on public health and preventive care
- Explore the multiple factors that contribute to mental well-being
- Create a framework for mental health check-ups in pediatrics

Global Mental Health 1



No health without mental health

Martin Prince, Vikram Patel, Shekhar Saxena, Mario Maj, Joanna Maselko, Michael R Phillips, Atif Rahman

About 14% of the global burden of disease has been attributed to neuropsychiatric disorders, mostly due to the *Lancet* 2007; 370: 859-77

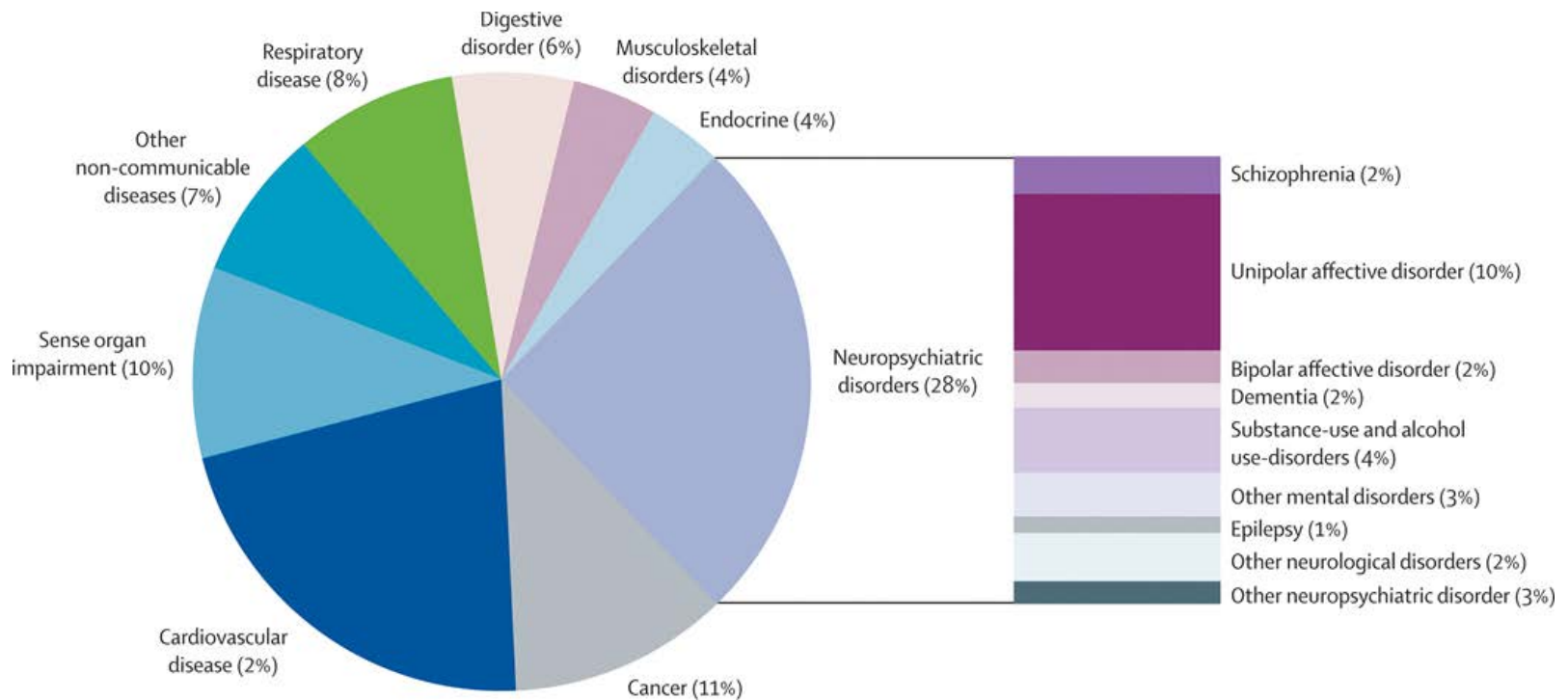
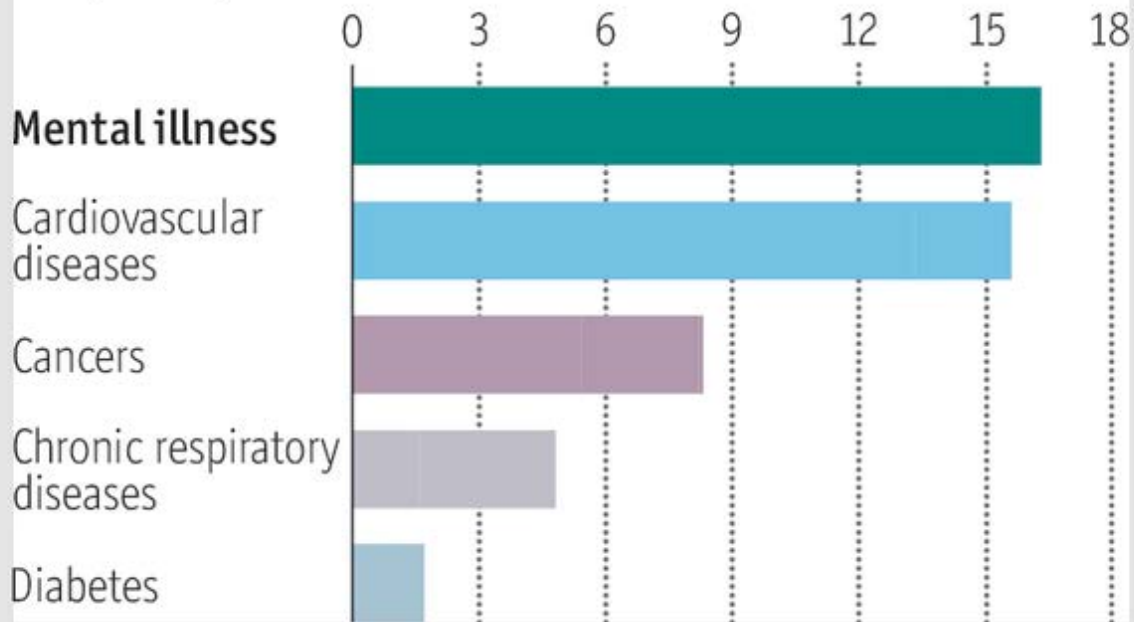


Figure 1: Contribution by different non-communicable diseases to disability-adjusted life-years in 2005

Mind-blowing

Forecast loss of output caused by non-communicable diseases worldwide, 2011-30

\$trn (2010 \$)



Sources: World Economic Forum; Harvard School of Public Health; Mental Health Atlas; WHO; *The Economist*

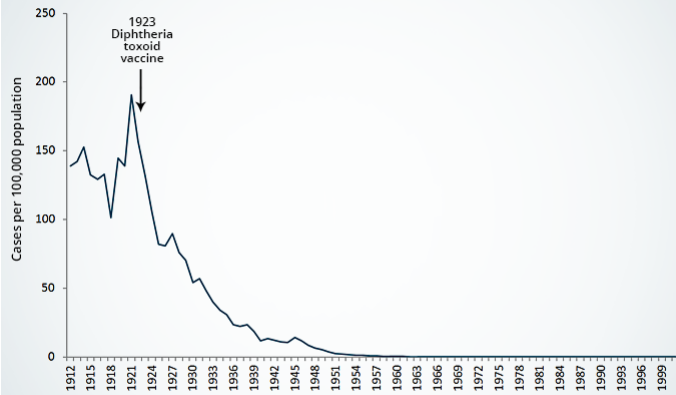
Table 2**Interactions between mental disorders and other health conditions**

	MD is a risk factor for the HC	MD is a consequence of the HC	Comorbidity (uncertain causal direction)	MD affects adherence to treatment for HC	MD affects prognosis or outcome of the HC	Treatment for MD affects mental health in those with HC	Treatment for MD affects physical HC
Non-communicable diseases							
Depression and CMD with coronary heart disease	4	3	3	2	3	1	-1
Depression with stroke	3	3	3	0	3	-1	-1
Common mental disorder with diabetes	1	2	3	3	3	1	1
Schizophrenia with diabetes	1	1	3	2	0	0	0
Communicable diseases							
Depression and CMD with HIV/ AIDS	2	2	4	3	3	3	1
Serious mental illness with HIV/AIDS	1	3	3	1	2	0	0
Cognitive impairment and dementia with HIV/AIDS	0	3	3	3	2	0	0
Alcohol-use and substance use disorder with HIV/AIDS	2	0	3	3	3	0	2*
CMD with malaria	0	2	2	0	0	0	0
Cognitive impairment with malaria	0	4	NA	0	0	0	0
Alcohol-use disorder with tuberculosis	2	0	2	3	3	0	0
Depression or common mental disorder with tuberculosis	0	2	2	3	0	0	2
Maternal and child health							
Maternal depression and CMD with impaired child growth and development	3	0	1	0	0	NA	0
Maternal psychosis with infant mortality	4	0	NA	NA	NA	NA	0

MD=mental disorder. HC=health condition. CMD=common mental disorder. NA=data not available. 4=strong evidence from meta-analysis or systematic review. 3=consistent evidence. 0=no evidence identified. -1=negative reports.

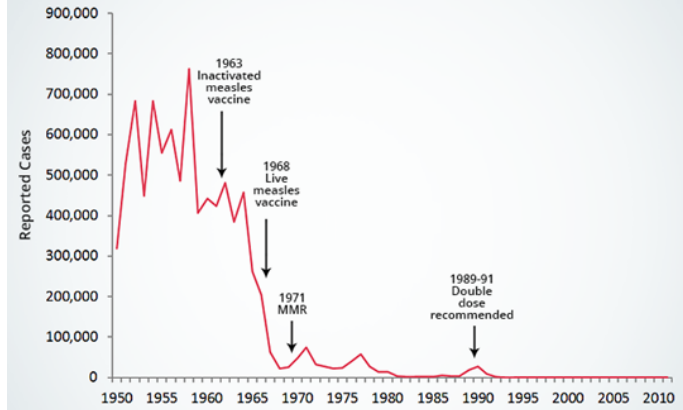
*This disorder affects adherence to treatment.

Diphtheria Cases in the United States (1912-2001)



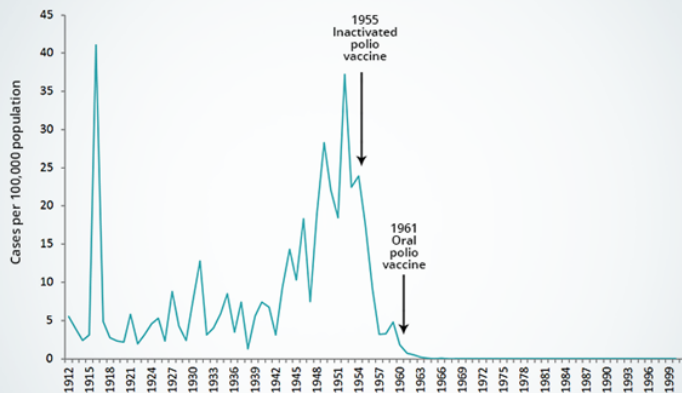
Data source: United States Census Bureau, No. HS-18. Specified Reportable Diseases (<http://www.census.gov/statab/hist/HS-18.pdf>)
Compiled by @visualvaccines

Reported Measles Cases in the United States (1950-2011)



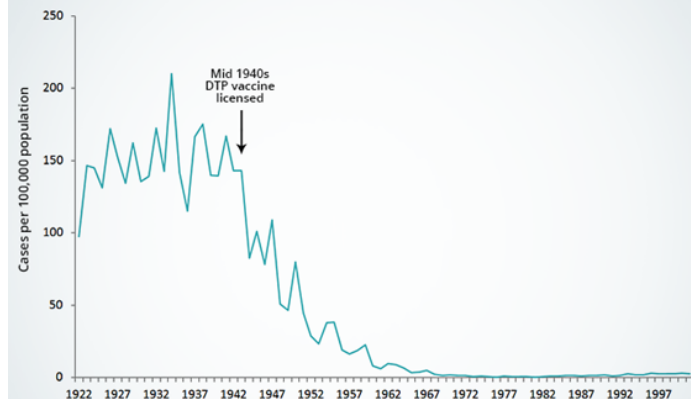
Data source: CDC Reported Cases and Deaths from Vaccine Preventable Diseases, United States, 1950-2011 (<http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/G/cases-deaths.pdf>)
Compiled by @visualvaccines

Polio Cases in the United States (1912-2001)



Data source: United States Census Bureau, No. HS-18. Specified Reportable Diseases (<http://www.census.gov/statab/hist/HS-18.pdf>)
Compiled by @visualvaccines

Pertussis Cases in the United States (1922-2001)



Data source: United States Census Bureau, No. HS-18. Specified Reportable Diseases (<http://www.census.gov/statab/hist/HS-18.pdf>)
Compiled by @visualvaccines

How do pediatricians do with mental health?

- 2004– AAP periodic survey *Stein, et al, Amb Ped 2008*
 - Barriers fall into 3 main categories: organizational, maternal, and child issues
 - Pediatrician issues

2004 AAP Periodic Survey

Table 3.

Condition by Agreement That Pediatricians Should Be Responsible for Identifying, Treating/Managing, and Referring

Child's Problem/Condition	Agree Pediatricians Should Be Responsible for:		
	Identification, n (Weighted %)	Treating/Managing, n (Weighted %)	Referring, n (Weighted %)
Attention- deficit/hyperactivity disorder	595 (91)	452 (70)	352 (54)
Child/adolescent depression	577 (88)	158 (25)	560 (86)
Behavior management problems	552 (85)	136 (21)	551 (85)
Learning disabilities	382 (59)	101 (16)	581 (89)
Anxiety disorders	536 (83)	180 (29)	509 (79)
Substance abuse	576 (88)	133 (21)	584 (90)
Eating disorders	597 (91)	204 (32)	

2013 AAP Periodic Survey: the follow up

Table 3. Endorsement of Perceived Barriers to Identifying, Treating/Managing, and Referring Child/Adolescent MH Problems by Survey Year (Weighted Percentages)

Characteristic	2004 (n = 687)	2013 (n = 514)	<i>P</i>
Endorsed 6 or 7 of the items below as barriers*	34.1	26.4	.0048
Lack of training in the treatment of children/adolescents with MH problems with counseling or medications	65.0	65.9	.7414
Lack of training in identifying child/adolescent MH problems	47.1	39.1	.0056
Lack of confidence in my ability to diagnose child/adolescent MH problems	43.7	32.5	<.0001
Lack of confidence in my ability to treat children/adolescents with counseling	62.0	57.5	.1137
Lack of confidence to treat children/adolescents with medication	59.3	50.5	.0032
Lack of time to treat child/adolescent MH problems	77.0	70.0	.0065
Inadequate reimbursement for treating child/adolescent MH problems	50.6	42.0	.0031

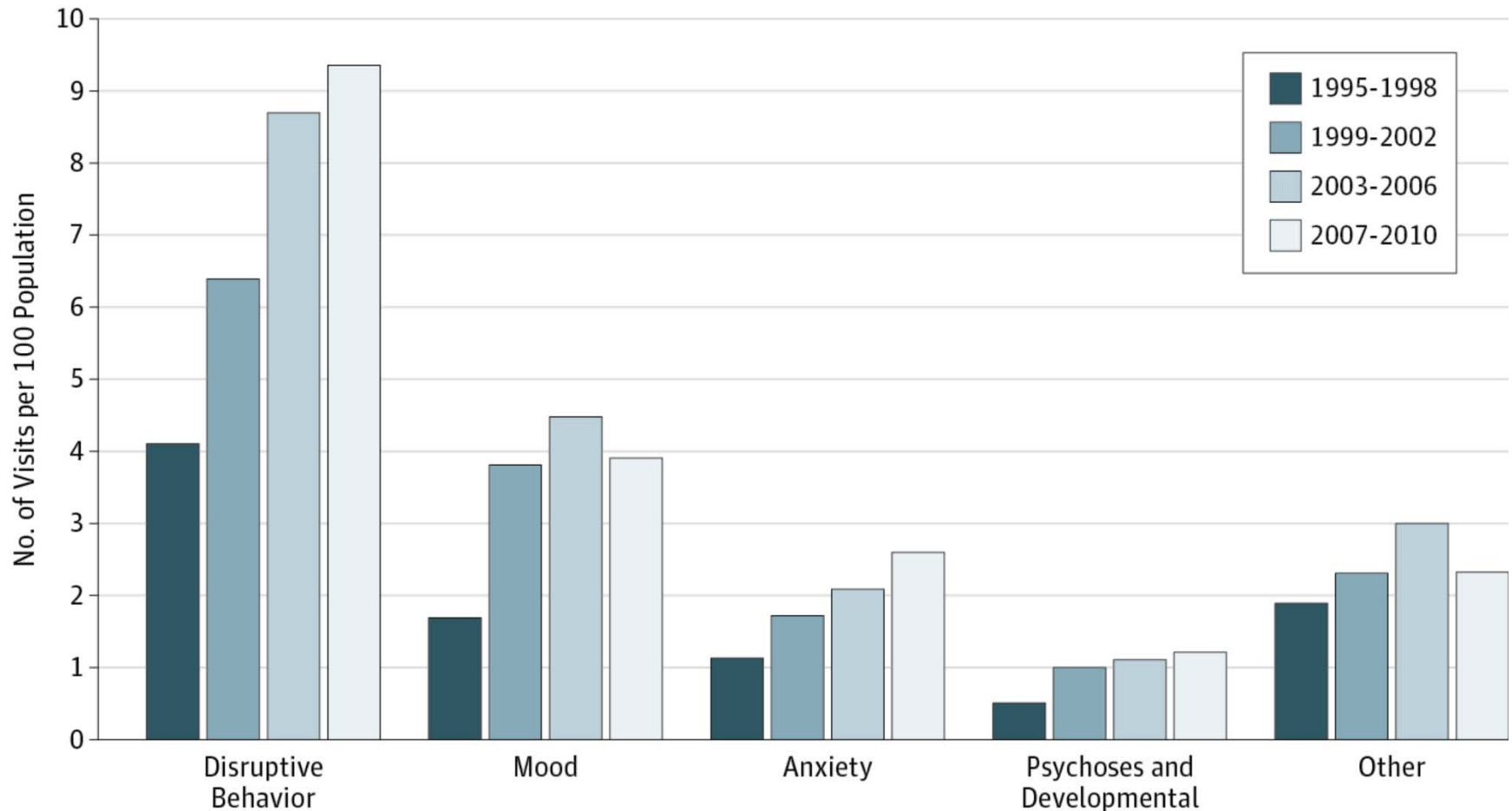
MH indicates mental health.

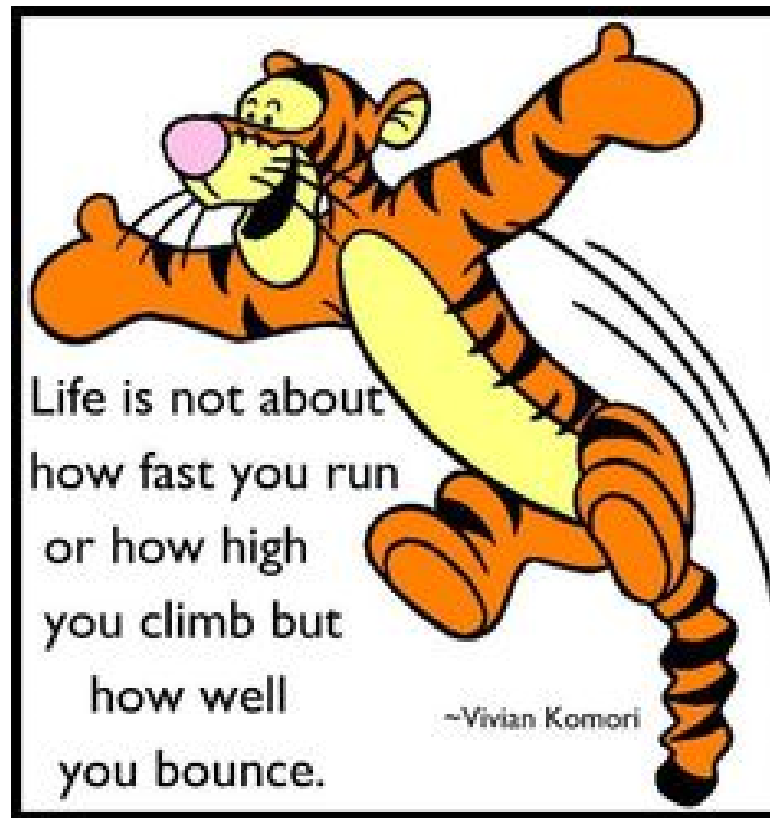
*Endorsement indicates strongly agree or agree that it is a barrier to their identifying, treating/managing, or referring for child/adolescent MH problems.

What about Trainees?

- 2007– AAP Graduating Resident Survey
 - >90% completed Developmental and Behavioral Peds rotation, but <50% rated competencies at very good or excellent
 - Just like AAP PS, most 2/3 agreed they should identify and treat ADHD but rarely agreed for other mental health problems

Trends in Office-Based Medical Visits by Young People With Mental Disorder Diagnoses, 1995-2010





Life is not about
how fast you run
or how high
you climb but
how well
you bounce.

~Vivian Komori

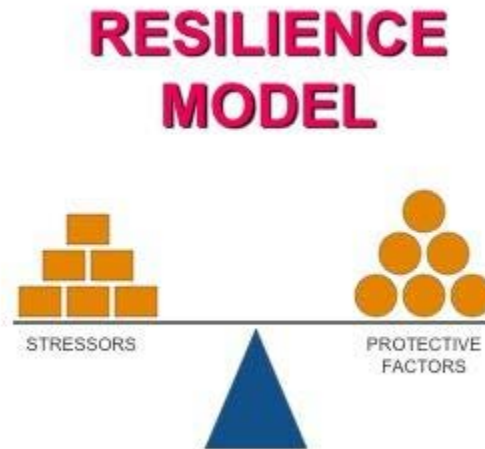
RESILIENCE



Resilience

- Positive adaptation; the ability to maintain or regain mental health, despite experiencing adversity

Deficient parenting
Poverty
Homelessness
Traumatic events
Violence
Physical illness
War
Natural disasters



Personality traits
Biological Factors
Family
Culture
Friends
School
Spirituality/Religion
Community

Resilience: 2 main points

- Various factors and systems contribute
- It may be context and time specific and may not be present across all life domains

INTERACTIVE AND DYNAMIC
RELATIVE

Protective Factors: Individual

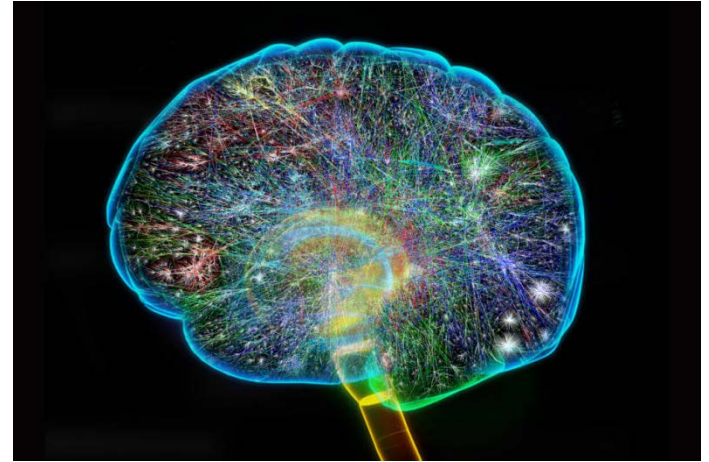
Psychological Factors

- Personality traits
- Internal locus of control
- Mastery
- Self-efficacy
- Self-esteem
- Cognitive appraisal
- Optimism
- Intellectual functioning
- Cognitive flexibility

Protective Factors: Individual

Biological

- Brain size
- Neural networks
- Sensitivity of receptors
- Synthesis and reuptake of neurotransmitters



Protective Factors: Family

- Secure attachment to mother/caregiver
 - Maternal mental illness
- Family stability
- Parenting skills

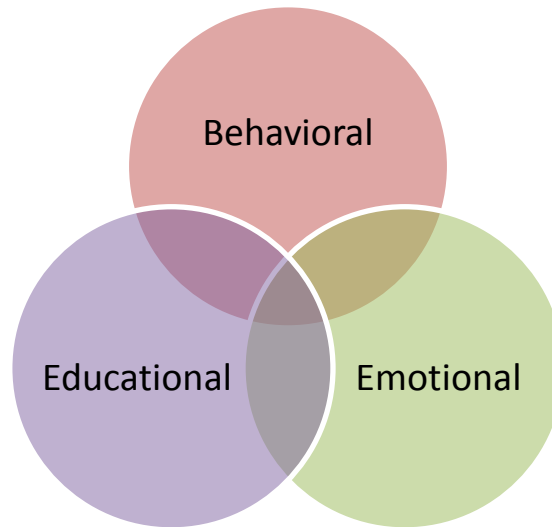


Protective Factors: Community

- Friends
- School
- Extracurricular activities
- Culture
- Spirituality/Religion
- Safe neighborhoods/domains

Multiple Domains

- Focus on competence across stage-salient developmental domains of functioning



- Competence in one domain does not guarantee competence in another

POSITIVE PSYCHIATRY

A CLINICAL HANDBOOK

Edited by

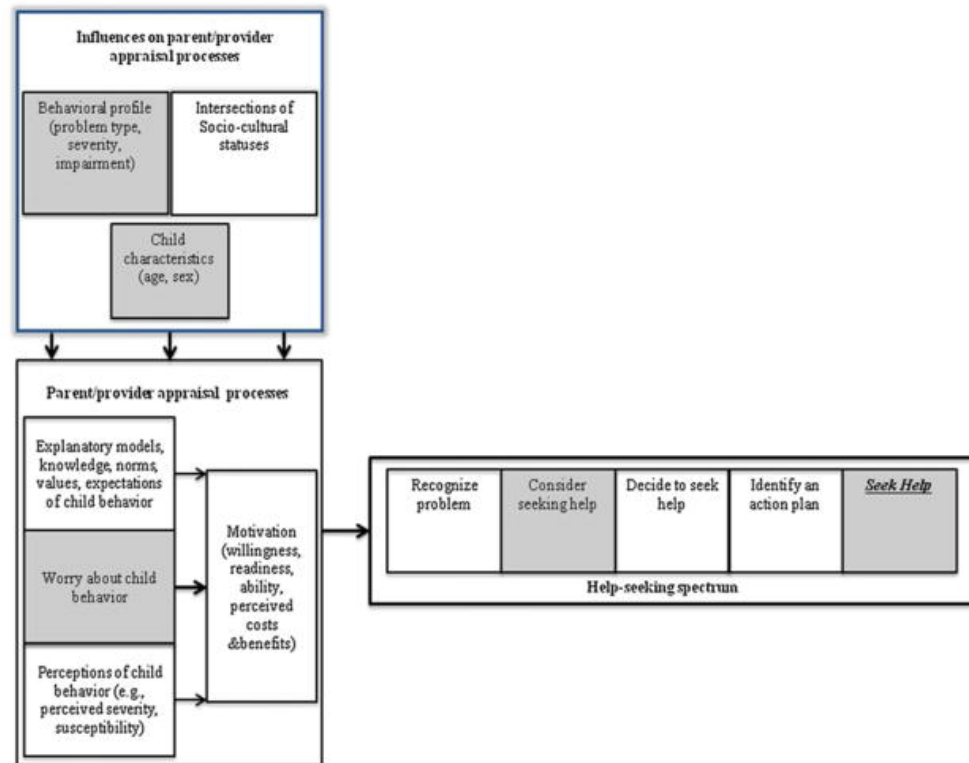
Dilip V. Jeste, M.D.

Barton W. Palmer, Ph.D.

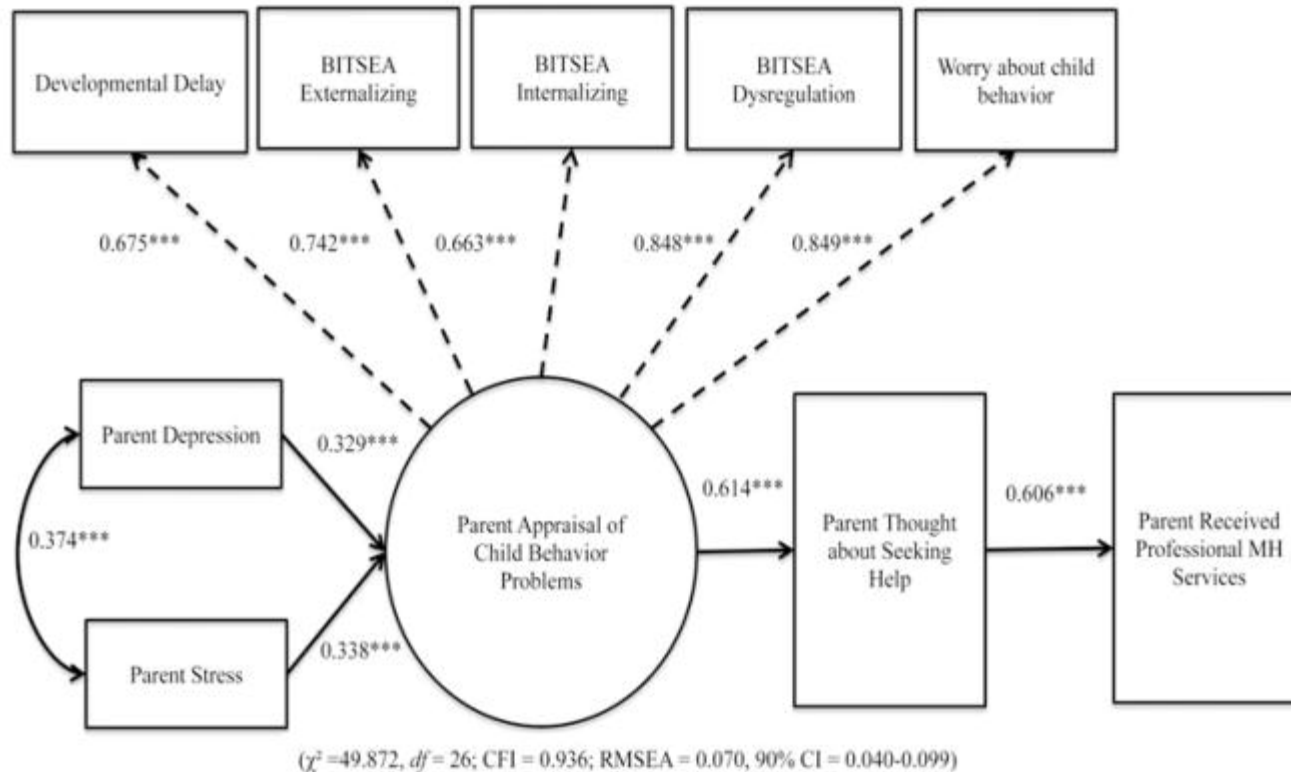
Part of a check-up is Teaching

- Most presentations originate from parental concern
- Assess perceived needs by the parent
- Teach parents what to be concerned about, what should be perceived as a problem

Parent appraisals of child behavior problems and help-seeking pathways



Model of parent appraisals, thinking about seeking help, and service receipt





What do you do with the information you've gleaned?

- Know your resources!!!



Office of the Deputy Mayor for Health and Human Services



Department of
Behavioral Health



AMERICAN ACADEMY OF
CHILD & ADOLESCENT
PSYCHIATRY

W W W . A A C A P . O R G

Conclusions

- Neuropsychiatric disorders have a significant impact on burden of disease
- Pediatric providers are the front line in prevention of disease in this population
- Contributions to mental health are multifaceted, dynamic, and change over time
- Like WCC, Mental Health Check-ups (MHC) can assess, screen, and educate children and their caregivers about pediatric mental health

