The Case for Mental Health Check Ups

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Disclosures

*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 Meselko, 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 $)

<table>
<thead>
<tr>
<th>Disease</th>
<th>0</th>
<th>3</th>
<th>6</th>
<th>9</th>
<th>12</th>
<th>15</th>
<th>18</th>
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<tbody>
<tr>
<td>Mental illness</td>
<td></td>
<td></td>
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<td>9</td>
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<tr>
<td>Cardiovascular diseases</td>
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<td></td>
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<td></td>
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<td>Cancers</td>
<td></td>
<td></td>
<td>6</td>
<td></td>
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<tr>
<td>Chronic respiratory diseases</td>
<td></td>
<td></td>
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<td>Diabetes</td>
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</table>

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

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

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

*This disorder affects adherence to treatment*
How do pediatricians do with mental health?

  - Barriers fall into 3 main categories: organizational, maternal, and child issues
  - Pediatrician issues
### 2004 AAP Periodic Survey

#### Table 3.

<table>
<thead>
<tr>
<th>Child's Problem/Condition</th>
<th>Agree Pediatricians Should Be Responsible for:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Identification, n (Weighted %)</td>
</tr>
<tr>
<td>Attention-deficit/hyperactivity disorder</td>
<td>595 (91)</td>
</tr>
<tr>
<td>Child/adolescent depression</td>
<td>577 (88)</td>
</tr>
<tr>
<td>Behavior management problems</td>
<td>552 (85)</td>
</tr>
<tr>
<td>Learning disabilities</td>
<td>382 (59)</td>
</tr>
<tr>
<td>Anxiety disorders</td>
<td>536 (83)</td>
</tr>
<tr>
<td>Substance abuse</td>
<td>576 (88)</td>
</tr>
<tr>
<td>Eating disorders</td>
<td>597 (91)</td>
</tr>
</tbody>
</table>
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)

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

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

Horowitz et al. Acad Ped 2010;10:252-259
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

• 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

Herrman et al, Can J Psychiatry 2011;56(5)
258-265
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

Godoy et al. Adm Pol Ment Health
2014;41(4): 469-479
Parent appraisals of child behavior problems and help-seeking pathways

Godoy et al. Am J Orthopsych
2013;83(1):73-88
Model of parent appraisals, thinking about seeking help, and service receipt

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

• Know your resources!!!
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