Mental Health Screening in Primary Care Settings

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Objectives

• Understand physician opinion and perspective about mental health screening in primary care
• Identify key components to the process of mental health screening in primary care
• Consider additional ways physicians can support families in the primary care setting
Rationale

- High prevalence of developmental and/or behavioral disability among children and adolescents (20%; Boyle et al., 1994; Merikangas et al., 2010)
- Prevalence of children and adolescents with subclinical symptoms and features of clinical disorders (Briggs-Gowan et al., 2003)
- Low percentage of children receiving care for their mental health/substance abuse problems (Kataoka et al., 2002)
- Shortage and inaccessibility of mental health services for children and adolescents (Thomas et al., 2006)

Audience Questions

- How many of you routinely screen for mental health concerns in your patients?
- What barriers have you encountered in screening?
- How many of you have good access to mental health providers?

Identifying & managing mental health conditions in primary care

- Most pediatricians believe it is their responsibility to identify and refer for child mental health conditions
- Most pediatricians believe it is their responsibility to provide treatment for ADHD (86%)
- Fewer pediatricians report inadequate training as a barrier in identifying mental health conditions (47%)
- Most barriers in treatment of mental health conditions are related to access to services
How well do physicians identify & manage mental health conditions?

- Primary care providers for children have been found to consistently underidentify children with developmental and behavioral concerns
- Physicians more likely to misidentify developmental and mental health problems when presenting concerns are less severe
- Some evidence that physicians tend to view developmental problems and depressive symptoms as more severe than other forms of mental health problems

(Costello et al., 1988; Lavigne et al., 1993; Steele et al., 2010)

Clinical Issues Related to Mental Health Screening

- Using standardized screening tools
- The clinical impression
- Discussing a “positive” screen
- Responding to an identified risk of mental health concern
- Confidentiality

Using Standardized Screening Tools

- Standardization refers to aspects of both design and administration of the tool
- Design – meets criteria for validity, reliability, and norms
- Administration – used in a systematic way
The clinical impression

- Clinical impression is developed based on 4 sources of information
  - Mental health screen
  - Parent/patient report
  - Patient history
  - Observation/examination of patient
- Communicating your clinical impression
  - Inform patient/parent
  - Document in chart
  - Inform any other provider you may refer to

Mental Health Screening

- Use of well-validated and established screening instruments (broad/narrow-band)
- Establish a structured method – who approaches parents/patients, where they complete the screening, who interprets results, who follows up, etc.?

Parent/Patient Report of Concerns

- Always ask if there are concerns
- Consider whether or not to ask parent and youth separately
- Be aware that parent/patient concordance will not always be good
- Verbal disclosures may be less reliable than written disclosures
Patient History

- History of behavioral, emotional, or developmental concerns and/or treatment
- “Have you ever wondered if your child should see a counselor/therapist?”
- Interim history critical – has anything changed?
- Family psychiatric history – including suicide attempts/completions

Clinic Observations

- Parent-child interactions
- Mood/affect
- Child-provider interactions
- How the child interacts with his/her environment
- Appearance
- Speech
- Cognition
- Insight/judgement
- Where the child chooses to sit in exam room

Discussing a “positive” screen

- Make sure you have time to discuss with patient/parent
- Clarify that a “positive” screen does not make a diagnosis
- Ask follow-up, open-ended questions
- Explore positive items endorsed
- Determine whether symptoms are impacting functioning
- Ask how the parent is dealing with the symptoms
**Responding to an identified risk of mental health concern**

- Manage patient yourself
- Refer internally to a co-located mental health provider
- Refer externally to an outside provider
- Involve parent/patient in decision-making process (increases compliance)

**Confidentiality & privacy**

- Confidentiality
  - Youth value information regarding confidentiality of their responses
  - Some evidence that youth respond to questions based on who would talk with them about results
- Privacy
  - Location of screening (in clinic room, at computer, other space)
  - Computer-based screening becoming more prevalent and allows for increased privacy

**The screening encounter**

- Ask if the patient is receiving counseling/mental health treatment
- Identify parent/patient concern
- Review/score any screening tool(s)
- Respond to an incomplete form
- Verbally review screening and results with patient/parent
- Make and communicate decision to patient/parent based on all information obtained during visit
Engaging Families & Youth in the Screening Process

• Screening presented as optional results in lower participation rates
• Families and youth more likely to feel positive about screening that is framed as universal
• Youth and parents may prefer screens to be introduced by clinicians after rapport has been established

Screening Parents in Primary Care Settings?

• Family Systems Theory
  – Families are SYSTEMS of interconnected and interdependent individuals.
  – To understand the individual, we must understand the family system of that individual. People cannot be understood in isolation from one another.
• Influences on child behavior
  – Genetics
  – Environment (modeling)

A new view of pediatric primary care?

• If we truly want to make a difference in children’s lives, we cannot ignore their parents or the larger system in which they live
• Parents often want support but don’t know where to go/what to do, feel like they have no time, or just think problems will go away
• We need to become more skilled in identifying parent/family-based issues and providing brief, targeted intervention
Case Example

- 8-year-old boy (Ian) presents to clinic with his mother for a well-child visit
- Mother reports that Ian has been healthy and generally doing well, but getting into more trouble at school and home
- Mother visibly frustrated and irritable with Ian when discussing these recent changes
- PSC score: 26

Case Example

- Upon inquiry, mother states she yells and threatens Ian when he doesn’t comply with directions at home or gets into trouble at school
- Mother also reports recent work stress and financial concerns that she is struggling with
- Mother’s affect is dysphoric in clinic; tearful; poor eye contact
- Ian is quiet, but compliant and engages appropriately in clinic visit

What to do??

- Refer to a mental health provider?
- Provide written materials, online resources, etc. on parenting strategies?
- Reassure mother?
- Or...
Parent or family-focused supportive guidance

- Seek to understand how mother is coping with and interpreting current stressors, especially as they relate to her parenting
- Provide guidance on ways of coping with stressors
- Provide guidance on parent strategies with Ian
- Commit mother to make a few, key changes and a specific plan to follow up with you soon

Screening resources

- AAP Mental Health Toolkit
- National Alliance on Mental Illness (NAMI)
- Center for Health Care Strategies (CHCS)
- Bright Futures

Outpatient mental health resources

- Behavioral Pediatrics - University of Kansas Medical Center
- Johnson County Mental Health Center
- Wyandot Mental Health Center
- Developmental and Behavioral Sciences – Children’s Mercy Hospital
Key References