Maryland Behavioral Health Integration in Pediatric Primary Care (MD BHIPP)

Understanding Youth Mental Health & Medical Comorbidities: A Primary Care Approach

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Disclosures

I have no conflicts of interests or disclosures to report

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Learning Objectives

Identify common mental health disorders in youth

Understand the interaction between chronic medical conditions and mental health issues in youth

Understand screening and management strategies to improve overall quality of life

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Prevalence of Youth Mental Health Concerns

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Common Pediatric Mental Health Concerns

1 in 5 of children and adolescents are diagnosed with a mental health disorder each year

- Anxiety
- Depression
- ADHD
- Disruptive Behaviors
- ASD
- Trauma-related
- Eating disorders

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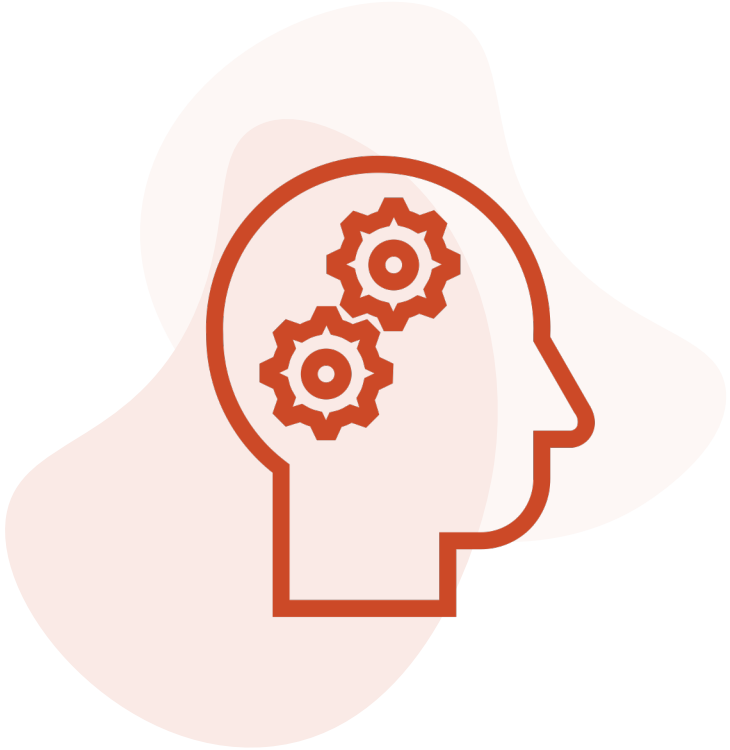
Table 8.1 Common mental health concerns and associated symptoms [9]

Mental health concern	Examples of symptoms
Depression	Persistent sad or low mood, hopelessness, irritability, loss of interest or pleasure in activities, significant weight loss or gain, fatigue, insomnia or hypersomnia, feelings of worthlessness, poor concentration, suicidal ideation
Anxiety	Intense and persistent fear or anxiety which is out of proportion to the actual threat, avoidance or attempts to avoid the feared stimulus, worries that are difficult to control, physical symptoms (e.g., muscle tension, sleep problems)
Adjustment problems	Symptoms can be varied, but involve significant emotional or behavioral problems in response to a known stressor
Acute stress or post-traumatic stress	Following exposure to a traumatic event, recurrent, intrusive memories of the traumatic event, nightmares, flashbacks, negative mood, inability to remember an important aspect of the traumatic event, efforts to avoid reminders of the traumatic event, poor sleep, irritable behavior and angry outbursts, problems with concentration, hypervigilance
Behavioral issues	Aggressive behaviors, angry outbursts, poor self-control, argumentative or defiant behaviors
Hyperactivity and impulsivity	Fidgets often, leaves seat or runs in situations where it is inappropriate, often "on the go," talks excessively, has difficulty waiting for their turn, often interrupts or intrudes others
Inattention	Makes careless mistakes, has difficulty sustaining attention, poor organization, often loses things, easily distracted, often forgetful in daily activities

ES Christofferson, L Grande, & M Bock (2024). Psychosocial concerns and quality of life Considerations in CKD. In AE Dawson, K Amatya, & VF Noorwood (Eds.), *Psychosocial Considerations in Pediatric Kidney Conditions (pp. 163-183).* Springer. https://doi.org/10.1007/978-3-031-64672-0

Screening for Behavioral and Emotional Problems



- 11-20% of U.S. children have a behavioral and emotional (B/E) disorder
- Anxiety and ADHD often emerge early in childhood
- Disparities in race can lead to over-identification and under-identification of developmental delays and behavioral problems

Weitzman, et al. *Pediatrics* 2015

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Routine Behavioral and Emotional Screening

Estimates report that

1 in 8 children with identified mental health problems receive treatment

Fewer than 50% of those with clinically significant B/E problems are detected

→ Importance of early identification – find the kids where they are in primary care!

Weitzman et al. *Pediatrics* 2015

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Barriers to Behavioral/Emotional Screening

- Lack of available mental health providers / resources and training
- Stigma around mental health
- Liability issues around screening children/mothers with B/E problems
- Reimbursement by insurance for administering screeners
- Limited time during consultations

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Interaction between Chronic Medical Conditions & Mental Health

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Common Pediatric Chronic Illnesses

40% - 60% of children and adolescents have a chronic disease or health condition![1,22]

- Obesity
- Eczema
- Asthma
- Kidney Disease
- GI / Constipation
- Pain
- Diabetes
- Sleep problems
- Allergy
- Pain Disorders
- Headaches/ Migraines
- Autoimmune Diseases
- Epilepsy
- ...and more!

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Case Example

- **Name:** Maya
- **Age:** 4 years old
- **Diagnosis:** Constipation (dx age 1), rectal prolapse (last 2 months)
- **Clinical Background:**
  - Lives with parents and two older siblings
  - Family very interested potty training but having difficulty with bowel management
  - Family has private insurance (strong coverage)

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Management Burden:

- Specialist recommending F/U every 2-4 weeks
- Family lives 1.5 hours away
- Co-pays for x-rays, visits
- Facility fees
- Medications are over-the-counter (not through insurance)

Diagnosis Burden

- Child cannot attend daycare due to accidents
- Child refuses prescribed medication (psyllium, enemas)
- Delay in potty training (and can't predict when will occur)

Impact on Patient's Daily Life

- Medical management
- Prognosis / illness course
- Financial strain / burden
- Communication with care teams

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Impact on Patient's Daily Life

School absenteeism[2]:

Symptoms,

Appointments

In school cares

Social relationships[3]:

Stigma

Peer victimization, bullying

Feeling different from peers

Isolation/withdrawal - decreased social connectedness

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Mind-Body Connection

- Physical conditions are associated with increased rates of mental health challenges
- Mental health symptoms may increase physical symptoms of disease (severity, frequency)
- Mental health symptoms may also impact disease management and medical outcomes

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Mental Health / Quality of Life Challenges [20,21]

- Anxiety
- Depression
- Attention challenges
- Disruptive behaviors
- Noncompliance / non-adherence
- Poorer quality of life
- Lower life satisfaction

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Prevalence

- 25-40% of kids with chronic illness experience anxiety and depressive symptoms[4,5]
  - 20-30% meet criteria for anxiety disorder
  - 15-25% meet criteria for depressive disorder
- Comorbid mental health and physical illness conditions are associated with increased healthcare utilization[5]

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Role of Parenting

- **Parents play key role in development and maintenance of all behavior!**
- *Parental beliefs*:
  - Disease
  - Medical treatment approach / management
  - General child development
- *Parenting practices*:
  - Monitoring of symptoms, medication management, and healthy lifestyle behaviors
  - Clarity of behavioral expectations
  - Use of (un)structured routines
  - Frequency/delivery of reminders and prompts
  - Consistency of follow-through

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Caregiver/Family-Related Impacts[8-11]

- Caregiver strain and fatigue
  - Over-accommodation
  - Disease management
- Parent-Child relationships
- Increased rates for anxiety and depression
- Poorer quality of life
- 35-57% of parents have clinically significant depressive and anxiety symptoms[8,9]

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Screening & Management Strategies

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Mental Health Screeners

General

- PSC
- BASC
- CBCL
- PROMIS Measures (anxiety, depression fatigue, pain, sleep, etc)[20]

Specific

- Anxiety: SCARED, GAD-7
- Depression: PHQ, CES
- ADHD: Vanderbilt, Conners

https://mdbhipp.org/resources/screening-tools/

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Screeners for Coping & Functioning

- PedsQL – parent/child report of child quality of life[6]
  - General module (physical, social, emotional, school functioning)
  - Modules for specific illness (eg transplant, diabetes, cancer, rheum, etc)
  - Family Impact Module[12]
- Adolescent/Parent Medication Barriers Scale (AMBS/PMBS)[7]
- Caregiver Strain Questionnaire[13]
- Parenting Stress Inventory (PSI)[14]
- Family Environment Scale (FES)[15]

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Social Determinants of Health

- Screening for social factors – housing instability, food insecurity, paying for medical care, etc
- Connecting families with community resources
- Social work support

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Management Approaches

Patient-and-Family Centered Care (PFCC)

- The AAP defines PFCC as recognizing the family as the child's primary source of strength and support, and integrating their perspectives and information into clinical decision-making.[16,23]

Shared Decision Making (SDM)

- SDM is a collaborative process that involves patients, their families, and healthcare providers in making healthcare decisions.[18]

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Core Components of PFCC[17]

- **Respect and Dignity**
  - Incorporate values and beliefs
- **Information Sharing**
  - Open ended questions
- **Participation**
  - Engage patients and families
- **Collaboration**
  - Problem solve barriers together

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PFCC & SDM on Outcomes[26, 27]

- Improves quality of life
- Reduces mental health symptoms (stress and anxiety)
- Empowers patients – increased participation
- Improves health outcomes
- Reduce length of hospitalizations
- Reduces stress, anxiety, and depression in family members
- Improved quality of care
- Improved coping skills
- Efficient use of healthcare resources
- Improved patient and family knowledge

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Mental Health Specific Management Strategies

- Psychoeducation for families
  - Mental health concerns
  - Interaction with medical conditions
- Brief interventions (eg MI)
- Referral to therapy and/or psychiatry

https://mdbhipp.org/resources/for-providers/

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Promote Resilience and Prevention

- Address daily routines!
  - Physical activity
  - Sleep
  - Social support
- Encourage positive coping skills

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Pediatric Psychology

- Specialized training and experience in treatment of behavioral/emotional considerations involved in acute and chronic medical conditions in children
- Can contribute to better outcomes for medically ill children
- Adherence to medical & medication regimens
- Pain management training
- Coping/adjustment or specific mental health problems
- Behavioral management training to parents

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When to Refer to Pediatric Psychologist

- Lack of success with basic behavioral plan
- Parental difficulty implementing behavioral plan, pre-existing parenting problems, such as poor limit-setting, obvious pattern of highly negative parent-child interactions
- Psychiatric Comorbidity
  - Untreated ADHD/ Current inattention/ impulsivity
  - Generalized behavior problems/ oppositionality
  - Significant anxiety problems with toileting
- Problems in the school setting (school refusal, bullying)
- Signs of mood dysfunction: increased irritability or dysphoric mood, changes in sleep, decreased academic performance, decreased interests

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Case Example: Alex

- **Name:** Alex
- **Age:** 10 years old
- **Diagnosis:** T1D (dx: age 8)
- **Clinical Background:**
  - Lives with parents and two younger siblings
  - Father travels frequently for work.
  - Previously well-controlled HbA1c levels (7.5%) but recently elevated to 10.0%.

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Presenting Concerns:

- Missed several school days due to fatigue and irritability.
- Reports of feeling "overwhelmed" and “hopeless” during a routine diabetes follow-up.
- Increasing conflicts with parents over diabetes management (e.g., missed insulin doses, irregular meal planning).

Findings

- CES-DC score: 16 (significant depression).
- Physical exam unremarkable except for signs of poor glycemic control (weight loss, mild dehydration).

Short-term Interventions

- Assess safety concerns
- Psychoeducation - Impact of depressive symptoms on diabetes management

Long-term Management

- Refer for CBT to address mood and/or behavior management for adherence concerns
  - Therapist should also work with parents
- Collaborate with Endocrinology regarding diabetes management (eg CGM)
- Consider:
  - Diabetes support group (kids and/or parents)
  - Psychotropic medications or psychiatry referral

Case Example: Jaelyn

- **Name:** Jaelyn
- **Age:** 16 years old
- **Diagnosis:** Ulcerative Colitis (dx: age 12)
- **Clinical Background:** Jaelyn has been under regular care for UC since she received her diagnosis. She has an ileostomy and is unsure whether she wants to reverse it.

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Presenting Concerns

- Complains of frequent stomachaches, particularly on school days
- Reluctant to attend social gatherings and participate in class, and is starting to complain about going to school
- Reports feeling of embarrassment related to her symptoms (eg frequency of bathroom use, bag “poofing” and sounds).
- Reports feeling isolated and sometimes stays home instead of spending time with friends

Findings:

- GAD-7: 12 (moderate anxiety)
- PHQ-A: 6 (mild depressive symptoms)
- Physical exam: Stable weight, mild abdominal tenderness, no active flare signs.

Short term Interventions:

- Validate concerns and normalize experience of living with chronic condition; discussed relationship with mental health
- Symptom and dietary management – collaborate with GI
- Coping strategies:
  - Relaxation strategies
  - Practical: identifying bathrooms, carrying emergency supplies

Long-term interventions

- Refer for CBT to address anxiety
  - Gut-directed hypnotherapy for IBD symptoms
- School collaboration: 504 plan and other accommodations to support medical needs
- Encourage participation in regular activities (school, social, extracurriculars)
- Mood monitoring

Follow-Up and Support:

Schedule follow-up appointment to reassess symptoms and mood and adjust the plan as necessary.

Feedback and Continuous Improvement:

At each visit, check in on how the plan is working, asking for feedback from both patients and parents.

Celebrate successes (small and big) and discuss any challenges they encounter.

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Conclusions

- Mental health disorders in youth are common
- Mental health symptoms interact with chronic medical conditions
- Screening and management strategies improve overall quality of life for the child and their family
- As primary care providers, you may be one of the earliest providers to identify areas of challenge for youth and their families

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Resources

GI Kids

Society of Pediatric Psychology
Division 54 of the American Psychological Association

CHADD

aafa Asthma and Allergy Foundation of America

Breakthrough T1D™
Formerly JDRF

PCIT INTERNATIONAL

EPILEPSY FOUNDATION

CROHN'S & COLITIS FOUNDATION

NATIONAL KIDNEY FOUNDATION®

kidsandcaregivers.com/

National Eczema Association

Pediatric Sleep Council

THE COMFORT ABILITY®

COURAGEOUS PARENTS NETWORK 10 Celebrating 10 years
THIS SHARED JOURNEY

Meg Foundation

ADAA Anxiety & Depression Association of America
Triumphing Through Science, Treatment, and Education

Coping Cat Parents

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Thank You!

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Links to resources

- GI: https://gikids.org/
- Diabetes: https://www.breakthrought1d.org/midatlantic/
- IBD: https://www.crohnscolitisfoundation.org/
- Asthma and Allergy: https://aafa.org/asthma/living-with-asthma/asthma-in-children/
- Pediatric Kidney Disease: https://www.kidney.org/kidney-topics/children-and-teenager-s-health
- Pain: https://www.megfoundationforpain.org/ https://www.thecomfortability.com/
- Eczema: https://nationaleczema.org/eczema/children/treatment/
- Epilepsy: https://www.epilepsy.com/parents-and-caregivers/kids
- Anxiety and Depression: https://adaa.org/
- Anxiety: https://www.copingcatparents.com/
- ADHD: https://chadd.org/
- Behavior Challenges: https://www.pcit.org/
- Courageous Parents Network: https://courageousparentsnetwork.org/
- Kids and Caregivers: http://www.kidsandcaregivers.com/
- Society for Pediatric Psychology: https://pedpsych.org/fact-sheets/

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